



I ( **Name** ) \_\_\_\_\_, on behalf of ( **Name of the victim you are acting on behalf of, if applicable** ) \_\_\_\_\_

hereby agree to representation by Americans for Democracy & Human Rights in Bahrain (ADHRB) and its employees. I consent for ADHRB and its employees to act on my behalf in communication with domestic, regional, and international governments and their agents, as well as global organizations including the United Nations and its offices and organs. I further authorize ADHRB to impart personal information, including biographical data, to the aforementioned institutions and their agents. ADHRB may also communicate information surrounding this case, including biographical data, in their advocacy efforts and in communication with their partners at other organizations, to the extent that ADHRB sees fit. I authorize such actors to release any and all information pertaining to this case to ADHRB and its duly authorized representatives, and permit publication of information by these actors (to the extent that ADHRB has authorized). In the event of publication, I hereby release ADHRB of liability for any consequences that may occur.

Signature \_\_\_\_\_

Relation to the victim \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## Consent to Representation and Release of Information to Bahraini Institutions

I ( **Name** ) \_\_\_\_\_, on behalf of ( **Name of the victim you are acting on behalf of, if applicable** ) \_\_\_\_\_

hereby agree to representation by Americans for Democracy & Human Rights in Bahrain (ADHRB) and its employees. I consent for ADHRB and its employees to act on my behalf in communication with Bahraini institutions, including (but not limited to) the Bahraini Ministry of Interior Ombudsman and the Bahraini National Institution for Human Rights. I further authorize ADHRB to impart personal information, including biographical data, to the aforementioned institutions and their agents. I authorize such actors to release any and all information pertaining to this case to ADHRB and its duly authorized representatives. I certify that ADHRB has informed me of some possible consequences of submitting information to these mechanisms, and I understand and accept responsibility for these consequences.

Signature \_\_\_\_\_

Relation to the victim \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_