

( Name )	, on
behalf of (Name of the victim you are acting on behalf of, if applicable)	
nereby agree to representation by Americans for Democracy & Human Rights in Bahrain (ADHRB) and its employe	ees.
consent for ADHRB and its employees to act on my behalf in communication with domestic, regional, a nternational governments and their agents, as well as global organizations including the United Nations and its officient organs. I further authorize ADHRB to impart personal information, including biographical data, to the forementioned institutions and their agents. ADHRB may also communicate information surrounding this canciluding biographical data, in their advocacy efforts and in communication with their partners at other organization of the extent that ADHRB sees fit. I authorize such actors to release any and all information pertaining to this case ADHRB and its duly authorized representatives, and permit publication of information by these actors (to the extent ADHRB has authorized). In the event of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication of the extent of publication, I hereby release ADHRB of liability for any consequences that approximation of the extent of publication of the extent	ices the ase, ons, e to tent
iignature	
Relation to the victim	
Date	
Address	
Email Email	