

REGISTERED NURSES ASSOCIATION OF NT/NU
Photo Release Form

I hereby grant the Registered Nurses Association of NT/NU (RNANT/NU) permission to use my likeness in a photograph in any and all of its publications, without payment or any other consideration.

I understand and agree that these materials will become the property of the RNANT/NU and will not be returned. I hereby irrevocably authorize RNANT/NU to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing RNANT/NU'S programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the RNANT/NU from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)