



REGISTERED NURSES ASSOCIATION OF NORTHWEST TERRITORIES AND NUNAVUT

## **Photo Release Form: Board of Directors**

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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.

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(Signature)

(Date)

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(Printed Name)

(Date)