



# Photography Consent Form

**Please read carefully.**

I hereby grant to National Emergency Nurses Association (NENA) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the images of me taken for use in connection with the activities of the association and its member groups for promoting, publicizing or explaining NENA or its activities.

This includes the right to publish such photographic and video images in promotional materials such as NENA and member group websites, marketing, presentations and publications, advertisements, fundraising materials and any other activity in a variety of formats, including print, broadcast, CD-ROM, DVD, digital or electronic/online media.

This is a general consent. Please strike through and initial any specific uses or formats for which you wish to withhold consent.

\*Name (please print): \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Date \_\_\_\_\_

Email Address or Phone: \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_