

Photo Release Form

I hereby grant the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN) 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 CANNN and will not be returned. I hereby irrevocably authorize CANNN 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 CANNN 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)	