



NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA (NAINA)

AUTHORIZATION FOR RELEASE OF PHOTO/VIDEO/AUDIO

If you choose to participate by being photographed, videotaped or audio taped, or released to the media for education/information, marketing/advertising purpose, please complete the appropriate paragraph(s) below.

■ **Permission for Photographs/Videotaping**

I, _____ authorize NAINA to permit its representatives and/or the news media to take photographs or video tape of me. I understand that NAINA retains no control of the use of any photograph or videotape that is released to or taken by the news media. Expiration date: 100 years from today's date.

■ **Permission for Audiotaping**

I, _____ authorize NAINA to audio tape or permit the news media to record audio tape of me for use in marketing or advertising purposes. I understand that NAINA retains no control of the use of any audio recording that is released to or made by the news media. Expiration date: 100 years from today's date.

■ **Permission for Release of Information for Marketing/Advertising Purposes**

I, _____ authorize NAINA to release information and/or take photographs of me for use in marketing or advertising its services. I understand that the information, photographs, videotape or audiotape will be used primarily for marketing or advertising purposes, such as brochures, newsletters, NAINA Web site and advertising. Expiration date: 100 years from today's date.

■ **Permission for Photography/Videography for Medical Education/Medical Illustration**

I, _____ authorize NAINA to photograph or videotape me I understand the photographs or videotape may be used in any manner considered proper by NAINA but will be used primarily for information purposes and healthcare professional education. Expiration date: 100 years from today's date.

I understand, however, that once information and/or materials are released to the public information media – including but not limited to television, newspaper, magazine, radio and the internet, NAINA no longer has control over their use.

I hereby release and discharge NAINA as well as their assigns and/or representatives from any and all claims and demands arising out of or in connection with the use of the photographs, videotape, audiotape and/or release of protected health information.

I will receive no compensation for consent for the release of this material.

I have read this form and fully understand the contents. I agree to be bound by this consent form. I acknowledge and represent that I am 18 years of age or older and have the right to contract in my own name or that I am legally authorized to sign this form for the participant.

I have the right not to be photographed, videotaped or audio taped or have any information of me released to the media or appear on NAINA website.

This authorization may be revoked at any time. Revocation must be made in writing and sent to NAINA education unit at nainaeducation@gmail.com. Such revocation shall not affect disclosures prior to revocation.

NAME

SIGNATURE

ADDRESS

DATE