Emergency Nurses Association
Photo Release and Authorization

I hereby irrevocably consent to and authorize the use and reproduction by the Emergency Nurses Association (ENA) and its affiliates, or anyone authorized by any of them, of any and all photographs or electronic images of me taken by ENA, or that ENA has in its possession, provided either by me or a third party (collectively, Images) for the purpose of informing the medical profession and the general public about emergency nursing, emergency nursing care and medical procedures. Such use shall include, but not be limited to, distributing the Images via print, visual and electronic media, specifically including the ENA website and social media sites such as Facebook, Twitter and YouTube. The Images (including any photographic negatives) shall be the sole property of ENA. ENA also shall have the right to use my name in connection therewith if it so chooses.

I hereby waive any right to inspect or approve the finished product, photograph, advertising copy, or matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to hold harmless ENA and its affiliates and their respective representatives, assigns, and employees, and any person acting under their permission or authority from and against any claims whatsoever in connection with the use of my Images or name and the reproduction thereof as stated above, including any claim for payment in connection with distribution or publication of the Images.

I hereby warrant that I am over 21 years of age and am competent to contract in my own name insofar as the above is concerned.

I have read and understand the foregoing release, authorization and agreement, before signing my name below, and enter into it knowingly and voluntarily.

Date: ________________________  Printed Name: ________________________________

Signature: ________________________________

I have read the above Release and Authorization. I am the parent, guardian, or conservatory of _________________________, a minor. I am authorized to sign this authorization on his/her behalf, and I give this authorization in the interest of public education.

Date: ________________________  Printed Name: ________________________________

Signature: ________________________________