SNF SASKATCHEWAN NURSES FOUNDATION RELEASE

I, _______, having received a bursary from the Saskatchewan Nurses Foundation, hereby agree to the collection, retention and use by the Foundation of any photographs and/or written material supplied by me, for the purposes of promoting and providing information about the Foundation and its work, to registered nurses, potential donors and the general public. The Foundation may collect, retain, and use such information in any format it deems appropriate including electronic or digital media.

Signed by	at	on
this	day of	20
Witness:	Date	