

**AUDIO-VISUAL LIKENESS RELEASE FORM**

**National Association of School Nurses**  
**8484 Georgia Avenue, Suite 420, Silver Spring, MD 20910**

Grantor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description of audio-visual material: \_\_\_\_\_  
\_\_\_\_\_ (the "Material")

For use in, or in conjunction with, Journal: \_\_\_\_\_

Description of Use: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby authorize the National Association of School Nurses (NASN) and its affiliates and licensees to use (in whole or in part) the Material described above, including all audio-video footage and photographs taken of me and/or recordings made of my voice and/or written extraction of such recordings for the purposes of illustration, broadcast, transmittal, display, or distribution in any manner throughout the world in all media.

I release NASN and its licensees from any and all claims that may arise regarding the use of the Material, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

I have read and understood this agreement and I am over the age of 18.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/contact information

If the Grantor is under 18, please complete the following:

**Parent/Guardian Consent**

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this model release.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_