



National Association of Hispanic Nurses

Promoting Hispanic Nurses to Improve the Health of Our Community

CONSENT AND RELEASE FORM

By signing below, I grant permission to the National Association of Hispanic Nurses (NAHN) only to make copies in any form or media of the photographs, video and audio recording made of my child for *educational purposes only*.

I further grant permission for National Association of Hispanic Nurses only to edit or alter the recording or photograph, (ii) to distribute, broadcast, publish and/or all or any portion of the recording, altered recording or photograph via any media, including computerized means for the purposes described in paragraph one of this consent and release form, (iii) to incorporate all or any portion of the recording, altered recording or photograph in derivative works or compilations in any form or media and (iv) to use my child's name, likeness and biographical material in connection with any of the foregoing, all to the extent and in such fashion as they deem necessary or desirable to accomplish the purposes described in paragraph one of this Consent and Release form.

I understand that my child will receive no compensation for any use of the recording/ altered recording or photograph.

I hereby release National Association of Hispanic Nurses (NAHN), its individual members and those members' home institutions from any claims or liability regarding any use that may be made of the recording, altered recording or photograph in accordance with this Consent and Release form.

Location:

Event: Obesity Project

Dates:

Parent/Guardian

Signature

Student (child)

Address

For Instructors Only: _____

ID Code Assigned