**Philippine Nurses Association of San Diego County, Inc**

**Photo Release Consent**

**I authorize PNASD Nurse Excellence Awards Committee to publish the attached**

**Photograph. I further consent that the above photograph can be used by the awards**

**committee for:**

* **Use for publication in the PNASD souvenir program**
* **Use as a part of the visual presentation**
* **Publication in local newspaper and other electronic media including PNASD Facebook page**

**I waive the right for compensation for the above uses of photograph. I will not hold PNASD liable from and/or any claim for injury or compensation resulting from activities authorized by this organization.**

**Furthermore, this photograph hereby submitted becomes a property of PNASD and I will not in any way demand or claim for its return.**

**The term “photograph” as used in this agreement shall mean motion picture, still photography, videotape, video disc and any other mechanical means of recording and reproducing images.**

**\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Candidate Date**

**Attach the most recent photo to the consent form, PNASD Nomination form must be signed by both candidate and nominator and submitted with all the required documents.**