

PHOTO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant Members of Nurse Honor Guard of the River Cities permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Members of Nurse Honor Guard of the River Cities's printed and digital publications. I understand and agree that any photograph using my likeness will become property of Members of Nurse Honor Guard of the River Cities and will not be returned.

I acknowledge that since my participation with Members of Nurse Honor Guard of the River Cities is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Members of Nurse Honor Guard of the River Cities to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Members of Nurse Honor Guard of the River Cities' programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Members of Nurse Honor Guard of the River Cities from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

No child 13 years or younger will be photographed and published on any social media associated with Nurse Honor Guard of the River Cities

Printed Name: _____ Date: _____

Signature: _____

Signature: _____

Signature of guardian if under 13-18 years of age