

CLINICAL NURSE SPECIALIST INSTITUTE TALENT RELEASE FORM

For valuable consideration, I do hereby authorize Clinical Nurse Specialist Institute (CNS I) the charitable arm of the National Association of Clinical Nurse Specialists (NACNS) and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which the Clinical Nurse Specialist Institute, and those acting pursuant to its authority, deem appropriate.
- d. I give CNS I/NACNS permission to use the photographs and recordings, in whole or in part, and with or without my name, in publications, presentations, websites, social media services, or any other types of communications to advance the charitable goals, which include, but are not limited to, education, training, research, public relations, marketing, and use by or for the news media

I represent that I am 18 years of age or older and that I understand and agree to the terms set forth above.

Today's date: _____

Name: _____

Address (permanent): _____

Phone No.: _____

Email: _____

Signature: _____

Witness Signature: _____