



Department of Nursing

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This form should be completed and submitted to
the compliance system.**

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I also acknowledge that the University may choose not to use my photo/video/sound bite at this time but may do so at its own discretion at a later date. I warrant and represent that I have the legal right to permit myself to be recorded, photographed, and/or filmed, and to authorize the University's use of my name, picture, photograph, video and/or sound bite for the University's legitimate educational or research purposes, either on or off campus. In addition, I hereby waive any right to inspect or approve the finished photograph/video/sound bite or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the State of North Carolina, the University of North Carolina, Appalachian State University, and their respective representatives, assigns, employees or any person(s) or corporation(s), acting under any of their permission or authority, or any person(s) or corporation(s) for whom any of them might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any alleged violations of intellectual property rights, distortion, blurring, or alteration, optical illusion, or use in composite form, either intentional or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product or related promotional material, its publication or distribution of the same even should the same subject me to ridicule, scandal, reproach, scorn, or indignity.

I hereby certify that I am eighteen (18) years of age or older. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

BSN Faculty
 RN/BSN Staff
 MSN Visiting Student

Printed Name

Signature

Banner ID

Date