

ANA Idaho Photo Release Form

Please submit a signed photo release form and supply a caption and photo credit for each photo. Photo release forms should be submitted by FAX or emailed in the same manner as manuscripts. Photographs should be emailed in the same manner as manuscripts. All photos become the property of ANA Idaho.

Permission to Use Photograph

Subject: _____

Location: _____

Caption: _____

Photo Credit: _____

I grant to ANA Idaho, its representatives and employees, the right to take photographs of me and my property, or use the photos I have provided, in connection with the above-identified subject. I authorize ANA Idaho, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that ANA Idaho may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above. My typed name represents my electronic signature:

Electronic Signature: _____

Organization Name (if applicable): _____

Address: _____

Date: _____

Electronic Signature, parent or guardian (if under age 18):

E-mail: info@idahonurses.org

FAX: 480.839.4780