



CONSENT AGREEMENT: PHOTOGRAPHY/VIDEO RECORDING

I (undersigned) consent to be photographed or video recorded by representatives of the **West Virginia Association of Nurse Anesthetists**. The photography/video recording will take place on _____ at _____. I understand that the photographs/video recordings may be used at any time for public relations purposes by the **West Virginia Association of Nurse Anesthetists**, including but not limited to social media, webpages, brochures, advertisements, posters, billboards, etc.

I agree to cooperate fully with the **West Virginia Association of Nurse Anesthetists** representatives during the photography/video recording session, and clearly understand the following: that my face may be photographed/video recorded; that I may be identifiable in the photographs/video recording; and that **West Virginia Association of Nurse Anesthetists** does not guarantee my confidentiality.

I understand that the photographs/video recordings are the property of **West Virginia Association of Nurse Anesthetists**, and hereby relinquish any rights to the photographs/video recordings.

I have read and understand the above consent agreement. I certify that I am informed as to the nature, purpose, and potential use of the photographs/video recordings.

Signature

Date

Name (printed)