

**Release form**

I hereby grant permission to the Registered Nurses’ Association of Ontario (RNAO) to publish my story, photo and/or video.

I understand and agree that the material will become the property of RNAO.

Please note that this consent can be rescinded at any time. In the event that you wish to rescind your consent, RNAO requires seven days notice.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should my story, photo and/or video be featured.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_