



**Photographer:** National Association of Pediatric Nurse Practitioners  
\_\_\_\_\_ Chapter/SIG

**Address:**

**Model:** \_\_\_\_\_

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

\_\_\_\_\_

I hereby assign full copyright of these photographs to the above-mentioned photographer together with the right of reproduction either wholly or in part.

I agree that the Photographer or licensees or assignees can use the above-mentioned photographs either separately or together, either wholly or in part, in any way and in any medium.

The Photographer and licensees or assignees may have unrestricted use of these for whatever purpose, including advertising, with any reasonable retouching or alteration.

I agree that the above mentioned photographs and any reproductions shall be deemed to represent an imaginary person, and further agree that the Photographer or any person authorized by or acting on his or her behalf may use the above mentioned photographs or any reproductions of them for any advertising purposes or for the purpose of illustrating any wording, and agree that no such wording shall be considered to be attributed to me personally unless my name is used.

Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against either the Photographer or his or her agents in respect of any usage of the above mentioned photographs. I have read this model release form carefully and fully understand its meanings and implications.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important!**

If the Model is under 18 year of age, a parent or legal guardian must sign on his/her behalf:

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax a copy of this form to the National Office at 856-857-1600**