**NBCRNA QUOTE AND/OR PHOTO RELEASE FORM**

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I hereby grant to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) the right and license to use my name, comments, photo, video, testimonial, and basic demographic information such as hometown and/or area of practice, in NBCRNA's materials for internal and external audiences. These materials include, but are not limited to, advertisements, brochures, news releases, newsletters, videos, social media, and websites.

I acknowledge that since my participation is voluntary, I will receive no financial compensation and confer upon me no rights of ownership. I release NBCRNA, its contractors, and its employees from liability for any claims by me or any third party about my participation.

If you are participating in a Class B video, please send an .MP4 file to bnovosel@nbcrna.com.

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

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_