



CANADIAN INDIGENOUS NURSES ASSOCIATION

50 DRIVEWAY, OTTAWA, ONTARIO K2P 1E2

Tel.: (613) 724-4677 • Toll Free: 1-866-724-3049 • Fax: (613) 724-4718 • Website:
www.indigenournurses.ca

PHOTO CONSENT FORM

I, _____ grant the **Canadian Indigenous Nurses Association**, its representatives and employees the right to use photographs of me for such purposes as, publicity, illustration, advertising and Web content.

I authorize the **Canadian Indigenous Nurses Association**, to use and publish the same in print and/or electronically. I agree that the **Canadian Indigenous Nurses Association** may use such photographs with or without my name.

Signature: _____

Print name: _____

Date: _____