

Frontier Nursing University
VIDEO & PHOTO RELEASE FORM

I, _____ am an adult (18 years of age or older) with full authority to release any photographic image/video of me.

I understand that photographic images and video, taken by or for the Frontier Nursing University (FNU), may be used to promote the FNU in any of its publications (print, video, and multimedia) or on the World Wide Web.

I understand that the FNU will have the right to scan, and if necessary enhance and alter photographic images and video to properly prepare it for transmission or printing.

I understand that there is no money or other form of payment due now or in the future to me for the use of photographic images and video.

I understand photographic images and video may be seen and possibly downloaded (copied to an individual computer) by anyone in the world who has access to the FNU publications or web site. I understand the FNU has no control over such downloading of images and videos on its web site and that the FNU will bear no responsibility for the downloading or subsequent use of the images and video of me.

I hereby give my full release to the FNU for the continued, above described use of photographic images and video of me.

I also agree that if I purchase access to the Photo Archive after Frontier Bound, Crossing the Bridge, Clinical bound, and/or Graduation, that I will only use these photos for having personal prints made, showing friends and family, etc. This means I may not use the pictures in publications, web sites or for any financial gain, without permission. If the use of these may be in question, please contact the IT Manager at FNU.

Person in the Photo

Date: _____

Print name

Signature

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