CHESAPEAKE BAY SOCIETY
of
PERIANESTHESIA NURSES
(CBSPAN)

PHOTO RELEASE FORM

I/We have agreed to have our photograph used by the Chesapeake Bay Society of PeriAnesthesia Nurses for use on our CBSPAN's website, cbspan.org and/or our newsletters associated with this component. The pictures will be used for the sole purpose of depicting our members in the office they hold, activities and events attended, promoting the image of the perianesthesia nurse. The photograph(s) will not be used for any other purpose other than stated herein. The undersigned give permission for CBSPAN to use the photograph as described above. I/We agree that no remuneration will be provided to us by CBSPAN for the use of the photograph.

☐ **check, if give permission for photo to be used**

☐ **check, if do not want my photo to be used**

_____	_____	_____
print name	**signature**	**date**