

**AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC.  
(ABPANC)  
PHOTOGRAPH RELEASE FORM**

**I/We have agreed to pose in a photograph to be used by the American Board of Perianesthesia Nursing Certification, Inc. for the express purpose of having the photograph used in a video presentation depicting perianesthesia nurses, patients and their families. The video will be shown at the CPAN and CAPA Recognition Breakfast being held on April 29, 2002 and other exhibit opportunities engaged in by ABPANC and its representatives. The photograph will not be used for any other purpose other than that stated herein. The undersigned give(s) permission for ABPANC to use the photograph as described above. I/We agree that no remuneration will be provided to us by ABPANC for the use of this photograph.**

**Print each participant's name below, followed by their signature and date.**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____