



advocate. educate. support.

Consent and Release Authorization

I hereby authorize The Nebraska Health Care Association, including its managed or affiliated organizations, Nebraska Assisted Living Association, Nebraska Health Care Foundation, Licensed Practical Nurse Association of Nebraska, and Nebraska Hospice and Palliative Care Association, to record my likeness, participation and appearance in photographs, videotape, audio tape or any other medium and to exhibit such photographs, videotape, audio tape, or any other recording of my likeness or participation, in whole or in part, without restriction or limitation, for any bona fide purpose that promotes The Nebraska Health Care Association or its managed or affiliated organizations, as deemed appropriate by individuals acting officially on behalf of the Nebraska Health Care Association.

I acknowledge that I understand this consent and release, that is freely made, and that is of perpetual duration. I release the Nebraska Health Care Association and its managed or affiliated organizations from any claim that I may have by reason of the making or playing of the photos, videotapes or audiotapes. I further release any right in the recording(s), and consent to the use of my name and likeness in connection with Nebraska Health Care Association and its managed or affiliated organizations' publicity.

Participant's Signature

Participant's Address/ Telephone

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