

Photographs Needed!

**Make your program famous worldwide!
See your program “in the spotlight”!**

Ever wonder where ASTNA gets the photographs used in various publications and courses? From transport crew members just like you who submit photographs of their transport teams in action to the ASTNA National Office.

Currently, ASTNA is revising and designing several exciting projects – we would love to include photographs of your program in projects such as:

- TPATC Power Point Slide Revision
- ASTNA Membership Brochure
- ASTNA Poster for Critical Care Transport Nurses Day
- ASTNA Member-Get-A-Member Campaign
- Standards for: Ground Transport, Fixed-Wing Transport, and Rotor-Wing Transport
- ASTNA web site
- CFRN/CTRN Review Materials
- Wings, Wheels and Rotors (Association Newsletter)
- Plus many exciting, upcoming projects and educational materials

We are looking for any photographs related to transport nursing – crew members in action in the hospital, on scenes, in transport, etc. as well as any pictures that you feel may be useful in teaching topics related to transport nursing - pictures of aircraft, equipment, training sessions, etc.

To participate, simply email your photo as a high resolution tif. (300 dpi) or PDF to astna@astna.org, subject line: Photos for ASTNA. You may fax your authorization to 800.937.9890.

OR

**You may also mail your photographs or 35 mm slides with a signed photo release (attached) to the ASTNA National Office at:
13918 E. Mississippi Avenue
Suite 215
Aurora, CO 80012**

**Photographs and slides will not be returned
Call 303.344.0457 with any questions**



**INFORMATION AND PHOTOGRAPH/VIDEO
AUTHORIZATION/RELEASE**

PATIENT/SUBJECT NAME: _____

PATIENT/SUBJECT NAME IF A MINOR: _____

I, _____ hereby authorize the making of photographs and/or use of videos that are provided by the staff, employees, or agents of _____ (Hospital/Company). I understand that my name will not be included in the credits. I understand that the photographs/Videos are to be used for educational, professional publications, and/or promotional purposes.

I waive all rights to the inspection or approval of finished photographs, videos or printed materials and understand that these materials may be used in conjunction with teaching, medical lectures, medical publications, and the field of medical communications. The use of these materials is restricted to the uses described above and I waive any rights, claims or interests I may have to control the use of my identity or likeness in the materials and agree that any uses described herein may be made without compensation or remuneration. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I hereby release from liability ASTNA, the hospital/company, its parent, affiliates, and subsidiaries as well as the staff, agents, and employees from all claims or liabilities relating to the taking or use of the photographs and/or videos.

DATE: _____
Signature of Consenting Party

WITNESSED: _____

If photo or media materials include patients or individuals that are not staff, agents, or employees of the above named hospital/company, the following consents must be obtained:

Name of Person Included in Media Materials not included in consents above

Signature of Consenting Party

If consenting party is other than named:

Relationship to Party