

Appendix F

**Media Release Form**

By signing below I, Mr./Mrs./Ms. \_\_\_\_\_ (*print participant name*) authorize Shelly Burdette-Taylor, a doctoral student in School of Nursing at the University of San Diego to take photograph/s of me. I understand the photograph/s will be used for educational purposes only and will not be used to generate a profit or for any other commercial purposes.

I understand that Shelly Burdette-Taylor may show the photograph/s at professional meetings for nurses, physicians, and other health care professionals, but she will not display the photograph/s in any other venue, including the Internet. I have not been compensated nor will I seek compensation for the photograph/s. I release Shelly Burdette-Taylor, a doctoral student in School of Nursing at the University of San Diego from responsibility should a third party violate the terms of this release.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Researcher \_\_\_\_\_ Date \_\_\_\_\_