



Sign In Sheet and Photographic Model Release

I hereby authorize the use, publication, and reproduction by the National Rifle Association of America (NRA) of the photographs taken of me on (specific date) _____ for editorial use or promotion, and hereby waive all claims arising out of such use. I also waive any right to inspect or approve the finished materials in which such photographs will be used.

Printed Name

Signature

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please Note: This form must be returned to the NRA Program Coordinator along with your Post Clinic Report and your event photographs.