



Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, parent or guardian of _____, hereby authorize the **Kids' Community Dental Clinic** to use, reproduce, and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on the Kids' Community Dental Clinic's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Kids' Community Dental Clinic may publish materials, use my name, photograph, and/or make reference to me in any manner that the Kids' Community Dental Clinic deems appropriate in order to promote/publicize service opportunities.

Description of Material (Photos/Audio-Visual):

Video and still images including first name, age, oral health condition, outcome

Name _____

Age _____ Phone _____

Signature _____

Signature of Parent/Guardian if under 18:

Date _____