



ADA American Dental Association®

PHOTO/VIDEO/SOUND RECORDING CONSENT AND RELEASE FORM

Event organizers: Fill in the blanks before photocopying this form for use at your event.

Event Name

Date of Event

Location of Event

Event Contact Name and Phone/Email

By signing this Photo, Video, and Sound Recording Consent and Release Form (“Consent and Release Form”), you are irrevocably giving permission to the American Dental Association, and _____ [insert name of organization] (collectively, the “Organizations” and individually, an “Organization”), and their respective officers, agents, and employees, to take and use photographs, video, and/or sound recordings (“Images”) of yourself and/or your child. Granting this permission is completely voluntary on your part.

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I release each Organization and their respective officers, agents, and employees from any and all liability which may or could arise from the taking, recording, publication, distribution, or other use of photography and audio/video media.

Release for children appearing in the Images:

Release for others appearing in the Images:

Name(s) of Child (please print)

Name

Name of Parent/Guardian (please print)

Signature

Signature of Parent/Guardian

Date

Date