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.

Your consent to the use of the Images is permanent. You will not receive compensation for the use of the Images now or in the future. The Organizations may use the Images in any manner or media, including but not limited to TV/video broadcast and internet/web. The Images may be used in whole or in part, alone or with other recordings. The Images may be used for any educational, promotional, advertising, fundraising, or commercial purpose, or any other purposes whatsoever. Any Organization has the right to copy, edit, alter, retouch, revise, and/or otherwise change the Images at the Organization's discretion. In addition, an Organization may permit sponsors to use the Images in furtherance of the ADA's activities. All right, title, and interest in the Images belong solely to the party taking the Images.

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