



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD FOR NON-PROFIT USE

Child's Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video tapes of the Child name above by _____.

I also grant to _____ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Children's Smile Foundation and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/ Guardian (if Child is under 18): _____ Date: _____

Address of Parent/ Guardian: _____

OR

Signature of Child (if 18 or over): _____ Date: _____

Address of Child: _____