



Let's Smile, Inc.
1280 Cottage Lane SE, Owatonna, MN 55060
Tel: 507-363-3023
Email: letssmile@outlook.com
Website: www.letssmileinc.com

Photograph & Video Release Form

Let's Smile, Inc. is a non-profit organization that provides, promotes, educates, and empowers families about eliminating oral diseases in children through the power of preventive dental care.

In an effort to reach more people about the power of preventive dental care, Let's Smile, Inc. has implemented a website and Facebook page to spread the word about our organization, our programs, the contributors, partnerships, community outreach events, and oral health information.

I hereby grant permission to the rights of my child's image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- Public Relations such as Facebook and website
- Promotional literature such as brochures

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational and promotional purposes.

Full Name of child _____

Signature of Parent/Guardian (if child is under 18):

Date: _____