

Canadian Dental Therapists Association Model Release Form

By signing this release, I give the Canadian Dental Therapists Association the right to:

- Photograph my child/ward , videotape my child/ward and record my child/ward's voice
- Edit the tape/film/electronic
- Include the tape/film in any print or electronic format such as publications, recorded program(s), website, CD-ROM, etc.
- Use (and allow others to use) the program on television or in any other way
- Use my child's likeness and/or voice for advertising and promotion forever
- Allow organizations, and individuals to use these images for educational or non-profit use

I am the parent/guardian of _____ . I am at least 18 years of age. I understand that the Canadian Dental Therapists Association, or anyone authorized by said organization using the tape/film/pictures described above, is not responsible for any legal actions taken against me or for expenses I may incur as a result of this use.

Signature

Print Name

Address

Date