



MINNESOTA DENTAL FOUNDATION

A practice of giving.

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I hereby grant permission to the Minnesota Dental Foundation to use my photograph and/or video and my child's photograph and/or video in its publications, on its website or in other electronic media (including television) without further consideration. I acknowledge the MDF's right to crop or alter the photograph at their discretion. I also acknowledge that the MDF may choose not to use my photo or video at this time, but may do so at a later date.

Name of child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Clinic or Program Name: _____

Date: _____