

**RELEASE TO AUTHORIZE SMILE FOR A LIFETIME, INC. TO RELEASE NAME,  
PHOTOGRAPHS, AND FILM TO MEDIA OUTLETS**

The undersigned hereby grants Smile for a Lifetime the right and authority to photograph, film and otherwise record:

\_\_\_\_\_  
Insert Patient's Name

These records may be used for promotional or publicity purposes and may be published in mass media publications, on the Smile for a Lifetime, Inc. Internet sites or other publications, shown on television presentations, and released to media outlets. The patient's and the family's name may also be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records from the date of revocation of consent.

Dated:\_\_\_\_\_

\_\_\_\_\_  
Signed (Parent or legal guardian)

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

\_\_\_\_\_