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St. Louis Dental Education and Oral Health Center (St. Louis Dental Center)

A partnership of A.T. Still University and Affinia Healthcare

Release form for photography/videography/audio recording – MINORS

In the interest of health education, I grant A.T. Still University (ATSU) and Affinia Healthcare permission to record my child's likeness and voice on a video, audio, photographic, digital, electronic, or any other medium. I authorize ATSU and Affinia Healthcare to use, reproduce, exhibit, or distribute in any medium these recordings for any purpose ATSU, Affinia Healthcare, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. Examples of permitted mediums include, but are not limited to, classroom materials, printed and online publications, television, display, advertising, editorial illustration, web site, audio broadcasts, etc.

I agree and understand all photographs, video, and audio become the property of ATSU and Affinia Healthcare, and I hereby release ATSU and Affinia Healthcare from any and all claims I may have from its use of my child's image or voice. I release ATSU, Affinia Healthcare, and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I also give ATSU and Affinia Healthcare permission to use my child's name, relationship to the University/center and hometown/state in an accompanying caption or quote, if applicable.

Subject's name (Printed)

Subject's name (Signature)

Guardian's name (Printed)

Guardian's name (Signature)

Date _____

Telephone no. _____

Email address _____

Relationship to ATSU/Affinia Healthcare

- Faculty/Staff Alumnus Student Patient Other

FOR REQUESTING DEPARTMENT'S COMPLETION

- Description of session** Photography Videography Audio
 Request for quote/statement

Additional notes: _____

Photographer's name _____

Presenting ATSU/Affinia Healthcare representative's name _____