



San Gabriel Valley
Foundation *for*
Dental Health

PHOTO/VIDEO WAIVER AND RELEASE FORM

Date: _____

I, _____, grant permission to the
Name of Patient/Guardian

San Gabriel Valley Foundation for Dental Health to use my child's image, voice, and/or words in informational materials such as reports, brochures, videos, media interviews and social media; Facebook, Instagram, and Yelp.

I waive all claims for compensation and release the San Gabriel Valley Foundation for Dental Health from any liability related to such use.

Child(ren)'s Names

Age(s)

_____	_____
_____	_____
_____	_____
_____	_____

Patient/Guardian Name: _____

Patient/Guardian Signature: _____