2018 Dive into Dentistry

MEDIA CONSENT FORM

INFORMATION

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the OHSU and OHSU ASDA website, in newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by OHSU ASDA to promote Dive into Dentistry and other pre-dental events in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time in writing to OHSU ASDA.

CONSENT FORM

I ………………………………………………………………………………………………………………………………………………………………………………. Name of person giving consent & parent/guardian if under 18 years of age

Consent to the use of photographs or video footage for use on the OHSU and OHSU ASDA website, in newsletters and publications as well as for distribution to members.

I further acknowledge that my image may be used by OHSU and OHSU ASDA to promote Dive into Dentistry and other pre-dental events in the future.

I further understand that this consent may be withdrawn by me at any time, upon written notice to OHSU ASDA.

I give this consent voluntarily.

……………………………………………………     ………………………………………………….

Signature of person giving consent              Signature of parent/guardian if under 18

Date ………………………………………………….