



ADA American Dental Association®



## WAIVER AND RELEASE

In consideration of the free dental services received on the date signed below, I, for my child, do hereby waive and release the dentist treating my child (as well as any persons acting on his or her behalf, such as those volunteering at the dentist's office) from all claims of liability arising out of my acceptance of such free care, including, but not limited to, medical or dental care or advice.

Services being provided include a dental x-ray, dental examination, cleaning, and fluoride treatment. Additional services may be provided if deemed necessary by the dentist and/or persons acting on his or her behalf.

The dentists participating in Give Kids a Smile are available to us for this one-time promotion and not on a regular basis. The free services that will be provided do not constitute acceptance of the patient(s) into the dentist's practice.

The dentist and staff participating in Give Kids a Smile are volunteering their time and expertise to make this a positive experience for my child.

**My child may or may not be eligible for follow-up treatment.** I consent to any other follow-up treatment to be provided by a referring dentist or specialist and further waive and release any such follow-up dentists (or any persons acting on their behalf, such as those volunteering at his or her office) from all claims of liability arising out of my acceptance of such free care, including, but not limited to, medical or dental care or advice.

I give my permission for a photographer and/or other news media personnel to take pictures of my child. I understand that these pictures and/or film and/or interviews may be published in newspapers, may be used on radio or television, and may be shown to community groups.

I hereby authorize the release of all dental/medical records from the Give Kids a Smile program to the dentist(s) that will treat my child.

I have read (or have had read to me), understand, and agree to all of the above.

**Patient Name** \_\_\_\_\_

**Parent/Guardian Name (please print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_