



Parental/Guardian Consent and Release

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check one box only

DENTAL SCREENING

YES, I give permission for Child to receive a dental screening. I am the parent or legal guardian of the Child whose name appears above. I hereby give permission for Child to receive a dental screening as part of the Bright Smiles, Bright Futures ("BSBF") program sponsored by Colgate-Palmolive Company ("Colgate"). I understand and agree that the dental screening is being provided by Colgate at no cost as a public service and that Child is participating in BSBF voluntarily and at my/our own risk. I hereby agree to release and discharge Colgate, its directors, officers, employees, agents and assigns, including without limitation the volunteer dental professionals who are conducting the screenings, from any and all liabilities, suits, costs or expenses in any way relating to the participation of the child below in this dental screening program. No waivers or modifications to this Consent and Release shall be valid unless executed in writing. This Consent and Release shall be governed by the laws of New York State.

NO, I decline permission for Child to receive a dental screening.

Please check one box only

PHOTO RELEASE (Complete only if Child is permitted to participate in Dental Screening)

YES. For valuable consideration, receipt of which is hereby acknowledged, I grant Colgate and its BSBF partners, and their parent, subsidiary and affiliated companies and each of their respective employees, agents, successors and assigns (collectively, the "Colgate and BSBF Partners") the absolute, worldwide right and permission in perpetuity to (1) take photographs, films, videos, or any other recordings ("Images and Recordings") of Child, (2) use, reproduce, publish, exhibit, broadcast, or visually identify Child's image, likeness, appearance, voice, photograph, statements, or any other indicia of Child's identity (collectively, "Child's Likeness") and the Images and Recordings in any and all media throughout the world, without restriction as to frequency or duration of usage, solely for the purposes of promoting, publicizing and/or describing (a) the BSBF program or (b) Colgate's and its BSBF Partners community service and social responsibility efforts (collectively, "BSBF Public Relations").

I hereby authorize Colgate and its BSBF Partners to (i) modify, adapt, crop, digitize, or otherwise edit the Images and Recordings as they see fit, and I waive any right to inspect or approve the Images and Recordings, and (ii) sublicense the use of the Images and Recordings solely for the purpose of BSBF Public Relations. I hereby acknowledge and agree that Colgate shall be the absolute owner of any and all Images and Recordings or other materials (and all rights therein, including the copyright) produced pursuant to this Consent and Release..

I hereby release and agree to hold harmless Colgate and its BSBF Partners from any liability resulting from any permitted use of the Images and Recordings and Child's Likeness. No waivers or modifications to this Consent and Release shall be valid unless executed in writing. This Consent and Release shall be governed by the laws of New York State.

NO. I decline permission for photographs, video or other Images or Recordings of Child to be used or published.

Parent or Legal Guardian (print name): \_\_\_\_\_

Signature (of Parent or Legal Guardian): \_\_\_\_\_

Date: \_\_\_\_\_