

Little Smiles

Child's Last Name _____ Child's First Name _____

Parent or Legal Guardian _____

Street Address _____

City _____ Postal Code _____

Home Phone _____ Cell Phone _____

E-mail _____

Date of Birth (DD-MM-YYYY) _____ Gender _____

NOTE: ALL WAIVERS ARE VALID FROM DATE OF SIGNATURE

PHOTO/IMAGE/LIKENESS RELEASE: IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S PARTICIPATION IN LITTLE SMILES EVENTS, PROMOTIONS, SPECIAL FUNDRAISERS AND CAPITAL CAMPAIGNS, I, consent to the use of any photograph, videotape or other electronic recording device of _____ (child's name) image taken, filmed or recorded during, or in connection with, participation in said events, for promotional, news or other purpose intending.

I understand I will not be compensated now, or at any time for the use of these images. I understand and agree, hereby, for myself, my heirs, executors and administrators, parents or guardians: **(i)** waive, hold harmless, release and forever discharge any and all rights and claims for use of my child's photo image and/or likeness to the Little Smiles Organization, its or their respective officers, agents and representatives.

Signature Parent or Guardian's
(if child under age 18)

Signature Date

Little Smiles

Non-Profit 501c3 Organization

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