



# ODHA STUDENT COUNCIL VIDEO/POWERPOINT COMPETITION

## VIDEO/POWERPOINT WAIVER/RELEASE FORM

I hereby give my full permission for the use of my name, picture, image, likeness, action, voice, or other personally identifiable information, in whole or in part, individually or in conjunction with other images, as part of a video submission for the 2013-2014 ODHA Student Council Video/ PowerPoint Competition.

I waive all right of privacy or compensation, which I may have in connection with such use of my name, picture, image, likeness, actions, voice or other personally identifiable information.

I grant the Ohio Dental Hygienists' Association and the ODHA Student Council and its officials, employees, representatives, agents, licensees, successors and assignees the irrevocable and unrestricted right to use my name, picture, image, likeness, actions, voice or other personally identifiable information associated with such video submission in all formats, media and in all manners, including composite or altered representations, for advertising, trade or any other lawful purposes.

I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection with the video production, editing and promotion therewith.

I am over 19 years-of-age and I have read this release and am fully familiar with its contents.

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

Address: \_\_\_\_\_

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

### **CONSENT (required for individuals under the age of 19 years of age)**

I am the parent or guardian of the minor named above and have the legal authority to execute a waiver and release on his or her behalf as stated above.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_