Parental/Guardian Consent and Release

STEP 1

Name of Child_____ Child Age _____

School Name _____

School Address _____

City _____ State _____ Zip _____

In each step below, please read and check one box only. Once Steps 2-4 are completed, please sign at Step 5.

STEP 2: Dental Screening

YES ☐ NO ☐

Your Child is being offered a **FREE DENTAL SCREENING** as part of the Bright Smiles, Bright Futures (BSBF) program sponsored by Colgate-Palmolive Company ("Colgate"). By checking the "**YES**" box in Step 2, you are stating that you understand and agree that:

Colgate is providing the dental screening as a public service and your Child is participating in the BSBF dental screening voluntarily and at their and your own risk;

You are releasing and discharging Colgate and anyone affiliated with Colgate, 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 in the BSBF dental screening program; and

This Release is governed by New York law and that no changes to this Consent and Release are valid unless executed in writing by both you and Colgate.

STEP 3: Release of Protected Health Information

YES ☐ NO ☐

I understand that by checking "**Yes**" and signing this form, I authorize the dentist, dental specialist, or health care provider/entity conducting the BSBF program dental screening to use and disclose my child's protected health information, either in electronic or hardcopy form, to (i) another dentist, dental specialist, or health care provider/entity for treatment purposes, (ii) his or her school or employees of the school (such as teachers or medical staff) for informational, record keeping, or reporting purposes, or (iii) Colgate for informational, record keeping, or reporting purposes.

I understand that signing this authorization is voluntary. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I understand that this authorization is valid until revoked. I understand I have the right to revoke this authorization at any time by sending written notification to Colgate-Palmolive Company, 300 Park Avenue, NY, NY 10022, Attn: Bright Smiles, Bright Futures. I understand that a revocation is not effective to the extent that any entity has already relied on this authorization to use or disclose my child's health information as described above.

Please turn over and complete the second side.

STEP 4: Photo Release

YES ☐ NO ☐

Read and complete Step 4 regardless of whether your Child is participating in the BSBF dental screening program described in Step 2):

We may be taking photos and/or video of your Child at the BSBF program. By checking the "**YES**" box in Step 4, you are agreeing that:

Colgate and its BSBF partners, and anyone affiliated with Colgate or its BSBF partners (the "Colgate and BSBF Partners"), can use the photos and/or videos taken of your Child at the BSBF program in any and all media worldwide for as long as they wish to do so, including in external-facing media such as websites, social media, or brochures. The photos and/or videos taken of your Child will only be used to promote, publicize, or describe the BSBF program or Colgate's and/or its BSBF partners' community service or social responsibility efforts.

The Colgate and BSBF Partners can edit photos and/or videos taken of your Child without prior approval by you, and that Colgate is the owner of any and all photos and/or videos taken of your Child at the BSBF program; and

You are releasing and agreeing to hold harmless Colgate and its BSBF partners from any and all liability resulting from the use of any photos and/or videos taken of your Child at the BSBF event, and that this Consent and Release is governed by New York law.

STEP 5

Parent or Legal Guardian (Print name) _____

Signature (of Parent or Legal Guardian) _____

Date_____

REMINDER! Please make sure you check either Yes or No in steps 2, 3 and 4.