



## MOUTHGUARD CLINIC CONSENT FORM

\_\_\_\_\_(Initial) The staff at Minnesota Orthodontics have permission to take a scan for a mouthguard. The mouthguard is intended for use in a sport, not for any type of orthodontics treatment. The mouthguard is not guaranteed to prevent any type of injury and Minnesota Orthodontics is not liable for any injury. The scan is needed in order to make a mouthguard that is fit to your child's mouth.

\_\_\_\_\_(Initial) I grant permission to Minnesota Orthodontics and its agents or employees to use photographs and/or video and audio taken of the below patient. These images may be used in advertisements, brochures, newsletters, posters and both printed and online media. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

If you have any questions please call our office at 763-515-5558

\_\_\_\_\_  
PLAYERS NAME PRINTED

\_\_\_\_\_  
PLAYER/GUARDIAN SIGNATURE (IF UNDER 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
COACH, AGE GROUP, OR TEAM

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PLAYERS NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COACH, AGE GROUP OR TEAM \_\_\_\_\_