



PERMISSION STATEMENT

I, the undersigned parent or guardian of the child named, hereby grant permission to the Tennessee Dental Association (TDA) to use my child's artwork in the creation of a holiday card. This may include, but is not limited to, reproduction, distribution, and display of the artwork in any format, both digital and print.

I understand that the artwork may be used for promotional and marketing purposes, including but not limited to, the TDA website, social media platforms, newsletters, and other publications. I acknowledge that my child's name and age may be included alongside the artwork, unless otherwise specified below.

I give permission for my child's name/age to be included with the artwork

I do not wish for my child's name/age to be included with the artwork.

RELEASE OF LIABILITY:

I hereby release and hold harmless the Tennessee Dental Association, its officers, employees, and agents from any and all claims, demands, or liabilities arising out of or in connection with the use of my child's artwork as specified above.

Signature _____ Date _____

CONTACT INFORMATION

Parent/Guardian Name _____

Child's Name & Age _____

Relation to TDA Member: _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Thank you for sharing your child's creativity with us!