

Photo Consent for CAPHD Mosaic Newsletter

I consent to the use of the submitted portrait, picture or photograph in the Mosaic Newsletter, a publication that is published by the Canadian Association of Public Health Dentistry (CAPHD). This publication will be released in [insert month and year]_____.

I understand that the goal of the Mosaic newsletter is to provide useful and current information to members about what's happening across Canada in community and population oral health, and to educate the members on dental public health topics.

I understand that this publication will be made available online at www.caphd.ca and in print format (from time to time).

I agree that I shall have no claim against the Canadian Association of Public Health Dentistry or against anyone accessing this publication, whether online or in print.

I understand that a statement will be made in the Mosaic Newsletter that permission must be granted from authors prior to using photographs.

I confirm that I have obtained the necessary written consent from all recognizable individuals in the photo that I submitted.

Signature of Author: _____

Name of Author (print in block letters): _____

Date: _____

Preferably have identifiable individuals in the photo(s) confirm their consent to the above release below or attach the signed consent from your organization to this form.

Signature: _____

Signature: _____

Signature: _____

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