

Parent/Guardian Waiver for Volunteers under 18

The undersigned on behalf of themselves and their estate hereby waives any right of recovery AND releases the Oklahoma Dental Association (ODA), Oklahoma Dental Foundation (ODF), Delta Dental, the Cox Center, their officers, officials, employees and agents, from liability related to the Undersigned, arising from any and all injury to persons and damage to property, and further agrees and undertakes to indemnify, hold harmless and defend the ODA, ODF, Delta Dental and Cox Center from and against any and all claims, damages, actions, liability and expenses including attorney's fees and other professional fees in connection with bodily injury or death, personal injury and/or damage to property arising from or out of the Volunteer's activities and participation in volunteer services at the above Oklahoma Mission of Mercy.

The Volunteer further acknowledges and agrees that the ODA, ODF, Delta Dental and the Cox Center do not assume any responsibility whatsoever for any property of the Volunteer and the Volunteer shall not hold the ODA, ODF, Delta Dental and the Cox Center liable for any loss or damage to the same.

By signing below, the Volunteer and Parent/Guardian also grants to the ODA and its agents the right to use your picture, voice, and other reproductions of your physical likeness in connection with advertising or publicizing Oklahoma Mission of Mercy services and its activities in all forms of media perpetually.

Volunteer Name: _____ Birthdate: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please mail signed form to:

Oklahoma Dental Association ATTN: OkMOM

317 NE 13th Street Oklahoma City, OK 73104