



RUTGERS SCHOOL OF DENTAL MEDICINE  
PHOTO CONSENT FORM

As a participant in the Gateway to Dentistry program, I hereby give permission to Rutgers School of Dental Medicine, to be photographed for publication, promotional purposes, website, media press releases and coverage and/or any other such purpose.

I understand that I will not receive compensation for the use of this photo. I agree to hold harmless RSDM and its representatives from any liabilities in this regard.

Location/Type of community service event (completed by RSDM representative): Decision for Dentistry Program is held on the Rutgers School of Dental Medicine Campus: 110 Bergen Street, Newark, NJ 07103.

Print Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

If participant is under the age of 18, please have a parent/guardian complete the bottom portion of this form:

Date: \_\_\_\_\_