



Consent Form

_____ **(initial)** The staff at Minnesota Orthodontics receive authorization to perform a scan for the purpose of creating a custom mouth guard. This mouth guard is intended solely for sports use and is not designed for any orthodontic treatment. Please note that the mouth guard is not guaranteed to prevent injuries, and Minnesota Orthodontics assumes no liability for any injuries that may occur. The scan is necessary to ensure the mouth guard is properly fitted to your child's mouth. The scans are digital and involve no radiation.

_____ **(initial)** I hereby grant permission to Minnesota Orthodontics and its agents or employees to use photographs, video, and audio recordings of the patient listed below. These materials may be used in advertisements, brochures, newsletters, posters, and both printed and online media. I understand that my image may be edited, reproduced, displayed, published, or distributed, and I waive the right to review or approve the final product in which my likeness appears. Furthermore, I waive any right to royalties or other compensation related to the use of my image or recordings.

If you have any questions, please call/text our office at **651-450-7273**, or email **info@minnesotaorthodontics.com**

Athlete Name: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Athlete Name

Phone Number

Coach/Team