AUTHORIZATION FOR USE OF PERSONAL INFORMATION, IMAGE AND QUOTE
American Association of Orthodontists "What Makes Me Smile" on mylifemysmile.org

In connection with my inclusion in the American Association of Orthodontists' "What Makes Me Smile" section of www.mylifemysmile.org, I, _____, give permission to the American Association of Orthodontists (AAO) and its associates to use my personal information, image and likeness ("selfie"), including but not limited to: my first name and last initial, my orthodontist's name, the city in which my orthodontist practices, and my quote that explains what makes me smile, for any lawful purpose the AAO deems appropriate, including for advertising to the general public (including via social media, internet or other electronic publications), illustration, and publication to the public at large for educational and/or marketing purposes.

I understand that AAO will make reasonable efforts to safeguard information about my health, but also understand that my inclusion in "What Makes Me Smile" requires the disclosure of some of my personal information, including my first name and last initial, my orthodontist's name, the city in which my orthodontist practices and my quote to explain what makes me smile.

I give permission to the AAO to use my first name and last initial and my image in support of "What Makes Me Smile" on all AAO online assets, some of which are public domain sites, i.e., Facebeook, Twitter, Pinterest, as well as the AAO's newsletters for its members, including, but not limited to, *The Bulletin* and the *eBulletin*.

I also understand that, given the nature of online and internet media, AAO cannot guarantee my complete privacy in the event my image or likeness is used by third parties. I will not hold the AAO liable for unauthorized use of my image, name or quote to explain what makes me smile by entities outside of the AAO.

I hereby relinquish any and all rights to any image of me obtained by any photographic or digital means that I have submitted to the AAO. I understand that I am entitled to no consideration, remuneration or payment for the use of my image in any advertising, promotional or educational materials by the AAO.

I understand any image or likeness of me may be altered prior to use if deemed appropriate by the AAO. I understand and agree that I have no right to be consulted about or approve of any such alterations before my image is used.

I have read the foregoing in its entirety and understand its terms. _____
Date

_____ _____
"What Makes Me Smile" submitter's name "What Makes Me Smile" submitter's date of birth

_____
"What Makes Me Smile" submitter's signature *(if submitter is under 18, signature of parent/guardian **required**)*

_____
My orthodontist's name

_____
City, State or Province of my orthodontist's office

"_____"

Here's my quote about what makes me smile