



**St. Louis  
Dental Center**  
A partnership of A.T. Still University  
and Affinia Healthcare



1500 Park Ave.  
St. Louis, MO 63104  
314.833.2700  
[Stldentalcenter.org](http://Stldentalcenter.org)

**St. Louis Dental Education and Oral Health Center (St. Louis Dental Center)**

*A partnership of A.T. Still University and Affinia Healthcare*

**General release form for photography/videography/audio recording**

In the interest of health education, I grant A.T. Still University (ATSU) and Affinia Healthcare permission to record my likeness and voice on a video, audio, photographic, digital, electronic, or any other medium. I authorize ATSU and Affinia Healthcare to use, reproduce, exhibit, or distribute in any medium these recordings for any purpose ATSU, Affinia Healthcare, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. Examples of permitted mediums include, but are not limited to, classroom materials, printed and online publications, television, display, advertising, editorial illustration, web site, audio broadcasts, etc.

I agree and understand all photographs, video, and audio become the property of ATSU and Affinia Healthcare, and I hereby release ATSU and Affinia Healthcare from any and all claims I may have from its use of my image or voice. I release ATSU, Affinia Healthcare, and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I also give ATSU and Affinia Healthcare permission to use my name, relationship to the University/center, and hometown/state in an accompanying caption or quote, if applicable.

\_\_\_\_\_  
Subject's name (Printed)

\_\_\_\_\_  
Subject's name (Signature)

Date \_\_\_\_\_

Telephone no. \_\_\_\_\_

Email address \_\_\_\_\_

**Relationship to ATSU/Affinia Healthcare**

- Faculty/staff       Alumnus       Student       Patient       Other

**FOR REQUESTING DEPARTMENT'S COMPLETION**

**Description of session**

- Photography       Videography       Audio  
 Request for quote/statement

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photographer's name \_\_\_\_\_

Presenting ATSU/Affinia Healthcare representative's name \_\_\_\_\_