

## RELEASE FORM

I, \_\_\_\_\_ (hereinafter the parent), fully release **Dallas County Dental Society, Give Kids A Smile, Martin Luther King Center** (hereinafter the released party of parties) from any liability or claims of whatever nature, known or unknown, including, without limitation, claims for personal injury and disability, pain, suffering, mental anguish, or loss of income arising from dental treatment provided to my child, \_\_\_\_\_ during the Give Kids A Smile program sponsored by Dallas County Dental Society and the Martin Luther King Center. This release is without limitation for any and all procedures performed during the Give Kids A Smile program.

I understand that this release shall bind me and my heirs, legal representatives and assigns, and that it shall insure to the benefit of the released party or parties, and to his heirs, legal representatives, successors and assigns.

I have read this release, understand the terms used in it and their legal significance and have executed it voluntarily.

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### **CAUTION: THIS IS A RELEASE - READ BEFORE SIGNING**

**(Patient)** \_\_\_\_\_

**(Parent)** \_\_\_\_\_

**(Witness)** \_\_\_\_\_

**(Date)** \_\_\_\_\_

**NOTE: This release may or may not satisfy applicable state law. It is imperative that parties relying on this form consult with their counsel to modify this release as necessary to comply with applicable law.**