

BE A SUPERHERO FOR A DAY!!!

Conquer Tooth Decay at
Give Kids a Smile ASDOH
Friday, February 17, 2017



Copy & Distribute ♦ One Form per Volunteer ♦ Please Print Clearly ♦ Complete Entire Form
Event is from 8:00 AM – 3:00 PM ♦ CE credits are available for all interested volunteers!

Doctor Hygienist Assistant Student (year _____) Alumni Other _____
(i.e., Front Office, Pre-Dental Student, Faculty, Parent, Administrator)

Name _____
Office/School _____
Address _____
City/State/Zip _____
Phone _____
Email _____
Bilingual Spanish Other _____
AZ BODEX License # _____



ADA Foundation*



SmartPractice
Healthier Practices. Healthier Patients.



- Yes, I am willing to accept referrals and donate aftercare following this event (dentists and specialists)
 Sorry, I cannot participate but please contact me about donating funds or in-kind materials to support this event.

____ (Waiver: please read and initial). In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, the following entities or persons: Arizona Dental Foundation and Arizona Dental Association their directors, officers, employees, volunteers, representatives, and agents, the even holders, event sponsors, event volunteers; (B) Indemnify and hold harmless, and agree not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. By registering for this event, I grant the Arizona Dental Foundation and its agents the right to use my picture, voice, and other reproductions in connection with advertising or publicizing ADF/AzDA and its activities in all forms of media related to this event.



Fax your completed form to (480) 344-1442
Questions? Contact penny@azda.org (480) 344-5777 x325