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SOCIETY FOUNDATION

AUTHORIZATION FOR USE of PROGRAM/PROJECT
DOCUMENTATION

I, the undersigned, _____,
authorize the Wm. Wrigley Jr. Company Foundation and Chicago Dental Society
Foundation to use our submitted documentation of this program/project's
photos, promotional flyers, press releases, etc.

I further authorize the release of this information. I understand that this
documentation may be published by the Wm. Wrigley Jr. Company Foundation
and Chicago Dental Society Foundation and/or their designee in any print,
visual or electronic media including but not limited to dental journals and
textbooks, scientific presentations and teaching courses, professional meetings,
and education (closed circuit) television programs, for education and research
related purposes.

Although neither I nor any individuals receiving services that have been funded
through this grant will be identified by name in any publication along with other
measures that minimize identity will be employed.

I understand that I have the right to revoke this authorization in writing any time,
but if I do so it will have no effect on any action taken prior to my revocation.

I agree to release and hold harmless the Wm. Wrigley Jr. Company Foundation
and the Chicago Dental Society Foundation its trustees, agents, officers, and
employees from any liability related to the making or use of this documentation
for the purposes stated above. I release any claim that I may have relating to
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distribution or publication of these materials in any medium.

Signature of Authorized representative: _____

Date: _____