

Ambassador Program**DONATE FREE MOUTHGUARDS TO LOCAL ATHLETES/TEAMS**

First decide which type of mouthguard you would like to offer:

- Custom
- Boil and bite
- Channel - For orthodontic patients

Reach out to your local elementary, middle, or high school by contacting:

- Principal
- School Nurse
- Team Coach
- Member of the Parent Teacher Organization (PTO)

Other Considerations

- Visit the [MDS Resource Center](#) to order printed materials about mouthguards and preventing mouth injuries during contact sports. Consider presenting the free mouthguards with a tip sheet on how to handle a dental emergency, and/or a custom carry case with your office logo.
- To make a larger impact, ask other dentists in your town to participate. If they do, each office can then take one school.
- You may want to reach out to your local vendor to see if a discount or custom colors are available.
- Remember to have all patients sign a release. See example release on following page.

For more information on promoting your program, please refer to the Foundation Ambassador [Promotional Toolkit](#).

RELEASE AND WAIVER

The risk of serious injury to the mouth is inherent in virtually any sport or activity that might result in trauma to the head. Therefore, it is important that you or your child wear a mouthguard while participating in any of these sports or activities.

As part of an educational program to encourage participants to understand the benefits of wearing a mouthguard: _____ (Office Name) _____ is providing and recommending its use.

The wearing of a mouthguard of any kind cannot prevent injuries from occurring. However, in most cases, it may help reduce the degree of severity of injuries.

I have read and understand the above information. By my signature below, I release the above-named individual from all liability of any kind resulting from sporting injuries including aspiration, and/or the providing of the mouthguard, and waive all claims related thereto.

Recipient Signature

Parent/Guardian

Recipient Name (Printed)

Parent/Guardian (Printed)

Date

Date