



Image Release Statement

I consent to the recording of visual images of myself or my child by film, digital, electronic, or other format (collectively, "Images") for treatment, marketing, promotional, contests, educational, and case consultation purposes and that I have no ownership in same. I understand that Images will not be sold to any third-party and are for the use of North Branch Dental and its agents and successors (collectively, "the Practice"). The Practice may keep my images indefinitely for the purposes listed above.

I hereby waive any right to inspect or approve the finished Images that maybe used by the Practice in connection with any of the above purposes.

The Practice may share, publish, or otherwise make publicly available the Images as appropriate to the above purposes except where prohibited by law. I understand the Images may be used on the Practice's internet-based materials, which can be downloaded by any internet user. The Practice is not responsible for any other party's use of the Images, and I agree to hold the Practice harmless for any such use.

I give permission to the Practice to "tag" myself in images of myself and/or my child published to Facebook. Please circle: **YES** **NO** Initials: _____

I have read the foregoing release, authorization and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature

Parent/Guardian Signature (if under age 18)

Printed Name

Parent/Guardian Signature (if under age 18)

Address

Parent/Guardian Address (if under age 18)

Date

Date