



Consent to Use of Picture of Child

I hereby irrevocably consent that any picture, video or portrait of the child for which I am the parent or legal guardian, or any part of, or reproductions thereof, may be used by Dentalfone and the practice of _____ for such purposes as they may desire in connection with his/her writing, teaching, lecturing, consulting and professional activities, and may be used, exhibited and published through any medium whatsoever as part of or in connection with his/her writing, teaching, lecturing, consulting and professional activities, even though such use may be for advertising purposes or purposes of trade.

By signing this form, I also release any claims I may have resulting from use or publication or any picture, video or portrait in accordance with this release, including claims that such use or publication invades my privacy or violates my rights of confidentiality as a patient or employee. I further understand that I will receive no payment or any other compensation.

Because these photographs, in which I am or may be recognizable, were taken in the course of my treatment or work, I certify that I have no objection to their publication and that I know that I am waiving any rights I may have as her/his patient or employee to refuse permission or prohibit their use or publication. I understand that the publisher will rely on this release, and therefore it may not be revoked.

I hereby certify that I am of legal age and am competent to contract on my child's behalf. I have read this release form before signing below, and I fully understand the contents, meaning, and impact of this release.

I hereby certify that I am the parent/guardian of _____ (Child's Name)

and do hereby give my consent without reservation to the foregoing on behalf of this person:

_____ (Child's Name)

_____ (Parent/Guardian's Name, please print)

_____ (Parent/Guardian's Signature)

_____ (Date)

_____ (Address)

_____ (Address)



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