

Photograph and Publicity Release Form for Social Media

I give my consent to Davidson Family Dental to use my name, likeness, image, and/or appearance as such may be embodied in pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Davidson Family Dental activities. I agree that Davidson Family Dental has complete ownership of such pictures and may use these pictures for all social media in the present or future. These uses include, but are not limited to Davidson Family Dental's Facebook, Instagram, and media. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, and hereby release Davidson Family Dental from all claims which arise out of or are in any way connected with such use.

I have read and understand this consent and release.

Patient Name: _____

DOB: _____

Patient/Parent/Guardian Signature

Date