

PHOTO CONSENT FORM

I hereby give Jupiter Advanced Dentistry and any employees and/or agents of Jupiter Advanced Dentistry the right and permission to use and/or publish photographs of me for art and promotional purposes, including but not limited to advertising, publicity, commercial, or display use. I also authorize my photos to be posted on social media like Facebook, Instagram, Google Business, and the office's website.

Release of Claims

I hereby release and discharge Jupiter Advanced Dentistry and all persons functioning under his/her permissions or authority from any legal or equitable claims, including but not limited to the following: the blurring of the image(s), alteration, distortion, or use in composite form, libel, invasion of privacy or any claims based on the production or in the process of recording or publishing the materials.

Initial, the following:

_____ Yes, you may use my photos.

_____ No, please do not use my photos.

Name of Patient or Parent/Guardian (Please Print)

Patient or Parent/Guardian (Signature)

(Date)