



PHOTO RELEASE FORM

We love to have kids' pictures in our office! If you would allow us to have your child's picture in the office, please sign below.

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by Pediatric Dentistry, Michael Von Gruben DDS Corporation, or anyone authorized by Pediatric Dentistry, Michael Von Gruben DDS Corporation of any and all photographs/videos which were taken of my child, for the purposed of promotional TV, website, social media and/or print ad whatsoever, without further compensation to me. All negatives and positives, together with the prints shall constitute the property of Pediatric Dentistry, Michael Von Gruben DDS Corporation solely and completely. Any information voluntarily provided by a patient shall also be used in conjunction with the above listed information for purposes previously mentioned. Confidentially, in regards to any reported conditions, is also waived to the extent of information pertinent to the promotion material only.

I authorize Pediatric Dentistry, Michael Von Gruben DDS Corporation, to share this information via their website and their social media including Facebook and Instagram, and for use in the office. All other unrelated patient information shall remain private and protected (according to Health Information and Privacy Act laws).

X_____

Patient/Child's Name:_____

Relationship to patient:_____

Date:_____