



STATESBORO
Pediatric Dentistry

Consent for Use of Online Photos

Patient full name: _____

Patient DOB: _____

For valuable consideration, I hereby confer on Statesboro Pediatric Dentistry the absolute and irrevocable right and permission, with respect to the photographs, video footage and/or other personal information, that it has taken of me/my child, in which he/she may be included with others:

- To copyright the same in the Statesboro Pediatric Dentistry name
- To use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, video footage and/or personal information, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and:

I hereby release and discharge Statesboro Pediatric Dentistry from all and any claims/demands ensuing from, or in connection with, the use of the photographs, video footage and/or personal information, including any and all claims for libel and invasion of privacy.

The authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of Statesboro Pediatric Dentistry, as well as the persons whom it assigned to take the photographs, video footage and/or personal information.

I have read the foregoing and fully understand the contents hereof. I represent that I am the model/person named on this sheet or am the parent/guardian of the model/child named herein. I hereby consent to the foregoing on his/her behalf.

Parent/guardian signature: _____

Date: _____

Phone number: _____