

### Consent Form for Use of Photo and Correspondence

We often take photographs for marketing and/or educational purposes. We may also use any letters, e-mail and other written material made from you or your child and addressed to us such as letters of recommendations, testimonials about our office. These may appear in our printed publications, on our website or facebook page, and in the news media. We will NOT include full names (meaning first name AND surname). We will NOT include/disclose personal e-mail, postal addresses, or telephone numbers. **Before taking any pictures for these puposes or using written correspondence for these purposes, we need your permission.**

Please check the appropriate choice:

I do consent to the use of photos of myself or of my child for Just 4 Kidz Dentistry marketing and education purposes including (but not limited to) print and web promotion. I also agree that any writing or other material in connection with Just 4 Kidz Dentistry (including any correspondence from our family) may be used in promotional materials. I waive all claims to compensation or damages based on the use of my or my child's image or correspondence by Just 4 Kidz Dentistry. I also waive the right to inspect or approve the finished product.

I do **NOT** consent to the use of photos of myself or of my child or to the use of any written material in conjunction with Just 4 Kidz Dentistry.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I read this consent form and fully understand its contents.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child/Children Consent Form Applies To:

\_\_\_\_\_