VALENCIA FAMILY
Dentistry & Orthodontics

Model Release Form

For News Media, Social Media, Promotional Materials, Written Articles, Research and/or Photographs

I, _____ (Patient Name), _____(Date of Birth)

hereby authorize_____ (Provider), to take photographs, and/or videos of me, my face, jaws and teeth, before, during and after treatment. Such photographs, and/or videos may include photographs and/or videos of me, and my entire face/mouth.

I consent to allow the photographs and/or videos to be used for the following purposes:

Dental records, dental research, dental education including lectures, seminars, demonstrations, professional publications such as journals or books.

Social media (including without limitation, Facebook, Instagram, Twitter, Google, Yelp) marketing material including websites and printed materials, for the purposes of patient education.

I further understand that if the photographs and/or videos are used, my name or other identifying information will be kept confidential to the extent practicable (other than if Full Face photographs are used).

I hereby grant to _____ (Provider) and any of its assigns and licensees all rights to exhibit this work in print and electronic form, publicly or privately, and to distribute, market and/or sell copies. I waive any and all rights, claims, or interests I may have to control the use of my identity or likeness in whatever media used. There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

I do not expect compensation, financial or otherwise, for the use of these photographs and/or videos.

_____ _____

Signature (Patient) **Date**

If the person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

_____ _____

Signature (Guardian) **Date**

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