

SpeaksOrthodontics

Smile Big...Smile Often!

CONSENT TO BE PHOTOGRAPHED AND/OR VIDEO TAPED AND AUTHORIZATION TO USE PHOTOGRAPH(S)

I, the undersigned, voluntarily and irrevocably consent, for myself and/or my child(ren), to be photographed by a photographer employed, engaged, or otherwise approved by **Dr. Speaks** and **Speaks Orthodontics**. I understand that the intended use of the photograph(s) is for publicity, education, marketing or public information efforts of **Dr. Speaks** and **Speaks Orthodontics** in print, television, and/or on the Internet, and that other uses of the photograph(s) also may be made.

I irrevocably authorize any and all uses, by or on behalf of **Dr. Speaks** and **Speaks Orthodontics** of the photograph(s)/video(s) depicting me and/or my child(ren), in whole or in part, and understand that I will not be paid or compensated by **Dr. Speaks** and **Speaks Orthodontics** in any way for the taking or use of any photograph(s).

I hereby release and discharge Dr. Speaks and Speaks Orthodontics and its managers, employees, agents, and representatives from any claims, liability or results caused by the use of said photograph(s) of me and/or my child(ren), which I have now voluntarily authorized as a gift to **Dr. Speaks** and **Speaks Orthodontics**.

Patient's Name _____

Patient's Signature _____

Date _____

If patient is under 18 years of age:

Parent or Guardian Signature _____

Date _____