

## Adult Photo Release

I, \_\_\_\_\_, grant Tooth Suite Family Dentistry permission to use the photographs taken today for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such.

Print Name

Signature



Date

Phone

## Minor (Child) Photo Release

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ (child) grant Tooth Suite Family Dentistry

permission to use the photographs taken today for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such.

Parent/Guardian Print Name

Signature



Date

Child's Name

Phone Number