PHOTO & TESTIMONIAL RELEASE FORM

Photo Release

I, _____, hereby consent to authorize myself, son or daughter_____the use and reproduction by you, or anyone authorized by you, for a photo for use by Knutson Family Dentistry to use on their Facebook page.

DATE_____

Signature_____

Signature of Parent_____

(if individual is under 18 years of age) granting permission for photographing, videotaping and/or recording).

Testimonial Release

I, _____, hereby consent to authorize myself, son or daughter_____the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images or testimonials, made of me for use by Knutson Family Dentistry, its employees, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images or testimonials, in conjunction with my name.

I also give permission for the photographs, digital images or testimonials be used in their entirety as deemed necessary by Knutson Family Dentistry including the use of images on Knutson Family Dentistry's website.

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Furthermore, permission is also given for the photographs, digital images or testimonials, to be used by the Knutson Family Dentistry at any time in the future without further clearance from me.

I understand that these photographs, digital images or testimonials, may be used for marketing purposes (including websites) by Knutson Family Dentistry.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

DATE_____

Signature_____

Signature of Parent_____

(if individual is under 18 years of age) granting permission for photographing, videotaping and/or recording).