

General Photography Release/Waiver`

Please select **one** of the following

I hereby GIVE my written consent to Oasis Orthodontics, to use my/my child's name and all photographs, for promotional and/or educational purposes.

Name of Patient_____

Date_____Signature of Patient/Guardian_____

OR

I hereby GIVE my written consent to Oasis Orthodontics, to use only photographs of my/my child's teeth, NOT my/my child's name or facial photographs, for promotional and/or promotional purposes.

Name of Patient_____

Date_____Signature of Patient/Guardian_____

OR

I hereby DO NOT give written consent to Oasis Orthodontics, to use my/my child's photographs for any type of promotional and /or educational purposes.

Name of Patient_____

Date_____Signature of Patient/Guardian_____

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs.

I hereby release Oasis Orthodontics, its employees and any third parties involved in the creation or publication of marketing materials, from any liability for any claims by me or any third party in connection with my participation.