



## PHOTOGRAPHY RELEASE/CONSENT

At Shine Pediatric Dentistry, we make every effort possible to make our patients feel special. We love to share pictures of our patients' beautiful smiles on our social media pages, website, and other office related materials for our friends and family to see just how much fun a visit to the dentist can be! Please check one of the following boxes and sign below.

- I AGREE** and hereby grant full permission to Shine Pediatric Dentistry, Dr. Lynse Briney and staff to use either myself or my child/children's name(s) and photograph in any publication or advertising materials (printed or electronic), and social media. This consent serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or my child's photograph or name.
- I DO NOT AGREE** to have mine or my child/children's name(s) photograph used for public viewing.

AND

I hereby grant full permission to Shine Pediatric Dentistry, Dr. Lynse Briney and staff to use either myself or my child/children's name(s), to take photographs, and/or videos of my jaws and teeth, before, during and after treatment. (no full facial photos) for educational purposes.

- I AGREE** to allow the photographs to be used for the following:

- *Dental Education including lectures, seminars, demonstrations, professional publications such as journals or books*
- *Marketing material, including websites and printed materials, patient education*

- I AGREE** and understand that if the photographs and/or videos are used, my name or identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs
- I DO NOT AGREE** to have mine or my child/children's photographs/videos to be used for educational purposes.

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**Child/Children's Full Name**

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**Parent/Legal Guardian's Name (Print)**

**Relationship to Child**

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**Signature**

**Date**