



### **Consent for Use of Photograph and Likeness**

I hereby consent to the use of my child's photograph or likeness by \_\_\_\_\_ [name of dental society] for purposes of advertising or promoting services of the dental society, or for such other purposes as may be determined from time to time by the dental society. I understand that, as used in this consent, "photograph" means any photograph or photographic reproduction, still or moving, and any videotape or live television transmission.

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SIGNATURE OF PARENT/GUARDIAN/REPRESENTATIVE

DATE

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NAME OF PARENT/GUARDIAN/REPRESENTATIVE (PRINTED)

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NAME OF PATIENT (PRINTED)