



Photo/Video Release Form
(For use of photographic, video and testimonial materials)

Participant's Name: _____ DOB: _____

I hereby authorize Leland Orthodontics to publish photographs/videos taken of me, and my name, for use in their print publication, social media, and website.

I acknowledge that since my participation in publications, social media and websites produced by Leland Orthodontics is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication, social media, and website produced by Leland Orthodontics confers upon me no right of ownership whatsoever.

I release Leland Orthodontics, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Participant's Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



Please let us know if you have questions on the release. We want to share your smiling face :)

I would like to decline the use of my photos:

Participant's Signature: _____ Date: _____