

Freehold Orthodontics, LLC

PHOTO & VIDEO TESTIMONIAL RELEASE FORM

Patient's Name: _____

I _____ hereby grant permission to Dr. Margulies/Dr. Nebblett, to use my child's photograph or video and any testimonial I or my child gives regarding the dental care I or him/her receive from any such office, in any marketing, advertising or teaching materials used to market or advertise their dental practices, including use of Dr. Margulies'/Dr Nebblett's website, facebook, twitter, and any other marketing materials, social media platforms or websites.

I acknowledge Dr. Margulies'/Dr. Nebblett's right to edit the photograph at their discretion. I also acknowledge that Dr. Margulies/Dr. Nebblett may choose not to use my photographs or videos and testimonial at this time, but may do so at their own discretion at a later date.

I agree I will hold Dr. Margulies/Dr. Nebblett and any of their affiliated offices harmless from any such use of these photographs and videos.

I hereby freely and voluntarily consent to the use of my or my child's photograph/video and testimonial as stated above until I revoke this consent in writing.

Signature

Parent / Guardian Signature (If Under 18)

Printed Name

Print Parent / Guardian (If Under 18)

Date

Date