



PHOTO RELEASE PERMISSION FORM

PLEASANT MILL PEDIATRIC DENTISTRY WEBSITE & FACEBOOK

I hereby give the pediatric dental office of Pleasant Mill Pediatric Dentistry to use my or my minor child's likeness in **photograph for publication, promotional purposes, website, media press releases and coverage, Facebook and any other such purpose** on behalf of the pediatric dental office of Pleasant Mill Pediatric Dentistry.

I understand that I, or my minor child (under age 19), will not receive compensation for the use of this likeness in any form.

Description of Projects: Pleasant Mill Pediatric Dentistry

Dr. Stephanie Jackson

Dr. Katherine Clark

Dr. Kaitlyn Vollmer

Website: www.pleasantmillpd.com

Facebook: www.facebook.com/pleasantmillsmiles

Childs Name (please print)

Name of parent/guardian (please print)

Signature of parent/guardian

Date