



# LEESBURG FAMILY & COSMETIC

D E N T I S T R Y

661 Potomac Station Drive, Leesburg, VA 20176

(703) 831-3952

## Social Media Consent/Release Form

### For News Media, Promotional Materials, Written Articles, Research and/or Photographs

\_\_\_\_\_ (Initial) I hereby authorize Leesburg Family and Cosmetic Dentistry to use my photos and/or information related to my dental experiences. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

\_\_\_\_\_ (Initial) My consent is freely given as a public service to Leesburg Family and Cosmetic Dentistry without expecting payment.

\_\_\_\_\_ (Initial) I release Leesburg Family and Cosmetic Dentistry and their respective employees, officers, and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

Please initial by your preference:

\_\_\_\_\_ My complete name be used                      \_\_\_\_\_ My first name only be used

\_\_\_\_\_ No name be used

Please initial by your preference:

\_\_\_\_\_ Photos of my teeth only be used                      \_\_\_\_\_ Photos of my face may be included

\_\_\_\_\_ ( Initial) I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The signature of a parent or legal guardian is required if the individual is under the age of 18.