



## Photo Release

Please select ONE of the following:

I \_\_\_\_\_, hereby grant and authorize Blue Ridge Family Dental the right to take, edit, post, publish, and make use of any and all pictures and video taken of me (or child if under 18) to be used in and or for legally promotional materials, but not limited to ,websites, social networking sites without payment or any other consideration. This authorization extends to all languages, media formats, now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I \_\_\_\_\_, hereby decline and do NOT authorize Blue Ridge Family Dental the right to take, edit, post, publish, and make use of any and all pictures and video taken of me (or child if under 18) to be used in and or for legally promotional materials, but not limited to ,websites, social networking sites without payment or any other consideration. This declination extends to all languages, media formats, now known or hereafter devised. This declination shall continue indefinitely, unless I otherwise revoke said declination in writing.

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Signature

Date