



PHOTO RELEASE

Consent to Photograph or Record Electronically

I permit Dr. Sonneborn Orthodontic's to employ photographic images, audio and/or video of me for educational, academic, advertising (including Facebook) or research purposes. If Dr. Sonneborn judges that education or research may benefit from the use of the photographs and/or recordings, he may publish them for academic purposes, or use them in any other professional manner that Dr. Sonneborn believe is proper, including, but not limited to: print publications, video streaming on websites, podcasting, and broadcast media.

I understand that the pictures and recordings belong to Sonneborn Orthodontics, and will not receive payment or any other compensation in connection with the pictures and recordings.

I have had a chance to discuss this form with the Sonneborn orthodontic's staff and have received complete answers to all my questions.

I release Sonneborn Orthodontic's from any liability that may or could arise from the taking or use of the pictures.

Patient's Name: _____

Patients/Parent Signature: _____

Date: _____