



Shining Stars Kids Dentistry^{PC}

General Dentistry for Children
Lawrence Musanje DDS, PhD

Photography Release

I hereby authorize Shining Stars Kids Dentistry to publish photographs taken of me or my child during my dental office visits, and first name and likeness, for use in the Shining Stars Kids Dentistry & Orthodontics print, online and video-based marketing materials, as well as other office publications, including Facebook, and our No Cavity Kid's Club.

I hereby release and hold harmless Shining Stars Kids Dentistry & Orthodontics from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other dental office publications. I acknowledge and agree that publication of photographs confers no rights of ownership or royalties whatsoever.

I hereby release Shining Stars Kids Dentistry, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Patient Name: _____

Parent Signature: _____

Date: _____