

Country Club Dental Care

214 Country Club Dr Titusville, FL 32780 * 321-269-1242

Permission to Use Photograph/s

Patients Name: _____

I grant to Country Club Dental Care, its representatives and employees the right to take photographs of me and my family in connection with the above-identified subject. I authorize Club Dental Care, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Country Club Dental Care may use such photographs of me, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____ Date _____

Select relationship to patient: Self, Parent, or Guardian