

## PHOTO/PERSONAL LIKENESS RELEASE

I, the undersigned, do hereby relinquish any and all rights to the use of my personal image and/or likeness, including photographs, portraits, transparencies, prints, or other photographic reproductions captured with still, motion picture, video or other cameras, for use by Coghlan Orthodontics, PC. It is further agreed that Coghlan Orthodontics, PC., may use, or cause to be used, the photos/likeness for any and all exhibitions, public display, publications, commercial art and advertising purposes, (including via social and electronic media) without limit or reservation or any compensation.

Patient Name:	
Parent/Guardian (if patient under age 18):	
Phone #:	
Signature:	Date:
For staff use only:	
Patient/Parent declined authorization:	