



Video and Photo Consent

I, _____, hereby consent and authorize the doctors and other members of the team at Traverse Mountain Family Dental and Orthodontics to use and publish my image(s) and/or video(s) as they see appropriate. I understand these images/videos may be used within the office, and in public media format, such as Facebook, YouTube, Instagram, and the individual website of Traverse Mountain Family Dental and Orthodontics. I understand that I am not entitled to any compensation now, or in the future. I understand that signing this release gives the Traverse Mountain Family Dental and Orthodontics team permission to use my images/videos for marketing.

Signature: _____