

## Patient Appreciation Day Consent and Release

With the intention of being legally bound, the undersigned hereby releases from liability and agrees to indemnify and hold harmless On the Cusp Pediatric Dentistry PLLC and its employees and representatives for any and all liability for personal injuries, property loss or damages resulting from activities from Patient Appreciation Day. The undersigned agrees to abide by all rules and regulations of Patient Appreciation Day and grants permission to contact me using the information provided below

### Permission for Photography

I grant to On the Cusp Pediatric Dentistry PLLC ("Photographer") and his/her legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me and the following minor children, or in which we may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographer and his/her legal representatives and assigns from all claims and liability relating to said photographs.

<b>First name:</b>	<b>Last name:</b>	
<b>Address:</b>		
<b>City:</b>	<b>Zip:</b>	
<b>Email:</b>	<b>Cell phone:</b>	
<b>Child's name:</b>	<b>Age:</b>	
<b>Parent / Guardian Signature</b>	<b>Date:</b>	

(List additional children's names and ages on back)