



Photograph and Publicity Release Form

I, _____, give *D. Scott Stucki, DDS and Common Sense Family Dentistry* permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *D. Scott Stucki, DDS and Common Sense Family Dentistry* activities. I agree that *D. Scott Stucki, DDS and Common Sense Family Dentistry* have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with *D. Scott Stucki, DDS and Common Sense Family Dentistry* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, social media and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release *D. Scott Stucki, DDS and Common Sense Family Dentistry* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to *D. Scott Stucki, DDS and Common Sense Family Dentistry* to use my name and likeness to promote *D. Scott Stucki, DDS and Common Sense Family Dentistry* program, its fiscal agent, and/or their activities.

Patient Name (printed please)

Patient Signature

Date

Parent /Legal guardian (if under 18 years old)

Date

I do not give my consent to *D. Scott Stucki, DDS and Common Sense Family Dentistry* to use my name and likeness to promote *D. Scott Stucki, DDS and Common Sense Family Dentistry*, its fiscal agent, and/or their activities.

Patient Signature

Date

Parent /Legal guardian (if under under 18 years old)

Date