



OVERMEYER

— FAMILY DENTAL —

Photo/Video Release Form for Adults

My signature below gives Overmeyer Family Dental my permission to take and use my photograph/video for in-office and/or for social media purposes. There will be no compensation for the use of photos or videos.

Patient Signature: _____ Date _____

Print Name: _____

Phone Number & E-Mail: _____

Photo Release Form for Minors (if under 18)

My signature below gives Overmeyer Family Dental my permission to take and use my child's photograph/video for in-office and/or social media purposes only. There will be no compensation for the use of photos or videos.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name & Age: _____