



# Cody Dental Group *Established 1946*

## **PHOTOGRAPH/MEDIA CONSENT AND RELEASE**

### **For a Minor**

I, (Print name) \_\_\_\_\_ the parent/guardian hereby consent and authorize an employee or agent of Cody Dental Group to take photographs or motion pictures of (Child's name) \_\_\_\_\_; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that may capture name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize Cody Dental Group to copyright the Materials, and I authorize Cody Dental Group to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I agree that I am participating on a voluntary basis and I will not receive any payment from Cody Dental Group or Dr Patra Watana for signing this release or as a result of any publication of the Materials.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_