



**MINOR (CHILD) PHOTO RELEASE FORM**

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_ (child) grant Pediatric Dental Associates, PC my  
permission to use the photographs for any legal use, including but not limited to:  
publicity, copyright purposes, illustration, advertising and web content.

Furthermore, I understand that no royalty, fee or compensation shall become  
payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

I decline any photography to be taken