



Digital Photography Consent & Waiver Form

I _____ (Patient) hereby authorize and consent Thornhill Smiles Dental and Staff (Photographer) to take or use photographs of me (and/or my property) and to use these images for educational purposes in any and all media worldwide including online, now and hereafter for any purpose. I hereby grant permission to them to reproduce, publish, print use and distribute my digital photos for advertising purposes including but not limited to, Website, Instagram, Facebook or any other marketing needs.

I hereby release to the Photographer all rights to exhibit this work in print and electronic form for publicity or privately and to market copies. I waive any rights and claims of interest I may have to control the use of the photographs including compensation.

I release Thornhill Smiles Dental from any and all claims, actions and liability related to the use of said photographs/videos/radiographs including without any limitation any claims for libel or invasion of privacy.

I represent that I am at least 18 years of age, have read and understand the above, and am competent to execute this agreement:

Please initial the following:

_____ I do consent to the use of digital photos/videos/radiographs (full face) for use in dental education and or publication including website and other marketing materials.

_____ I do consent to the use of digital photos/videos/radiographs (no full face) for the use in dental education and or publication including website and other marketing materials.

_____ I do not consent to the use of digital photos/videos/radiographs for use in dental education or publications. These records are strictly for use in my plan of care.

Name: _____ Date: _____

Patient/Guardian

Signature: _____

Parent/Guardian Name & Signature (18 years of age/under): _____

390 Steeles Ave W. #205, Thornhill, ON L4J 6X2

Tel: 905.707.6477 Fax: 905.707.9165

Email: contact@Thornhillsmiles.ca