

# PHOTO CONSENT FORM

Dr. Anthony DiPasquale D.M.D. often takes photographs or video film for publicity purposes. These images may appear in our printed publications, on our website, or within our lectures. They may also be sent to the news media as well. Before taking any pictures, we need your permission.

Please answer Yes or No to the following questions below, then sign and date the form where shown.

Please check Yes \_\_\_\_\_ or No \_\_\_\_\_

1 May we use your image(s), or those of your child(ren) if under 18, in publicity material produced by Dr. Anthony DiPasquale, including printed publications, videos and our website?      Yes \_\_\_\_\_ / No \_\_\_\_\_

2 We regularly send publicity material about our services, including photographs where appropriate, to the news media, especially the local press. Can we use your photograph, or your child's, in this way?      Yes \_\_\_\_\_ / No \_\_\_\_\_

Please note that websites can be viewed throughout the world, not just in the United States where USA law applies. This form is valid till 2099.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_