

I, the undersigned, grant permission for Harrison Pointe Dentistry to use my images/video in media for marketing and public relations purposes. Media forms include, but are not limited to, Online Web pages (including office web site, Facebook, Twitter), print and video marketing.

I understand that images will be used in accordance with State and Federal laws and statutes, and all images are the property of Harrison Pointe Dentistry, and will not be removed upon the ending of the relationship between the parties.

I agree to hold Harrison Pointe Dentistry harmless for any and all damages connected with the use of media.

Sign: _____

Date: _____