

CONSENT FORM

I consent that **Matheson Dentistry** may use photographs or videos of me, taken on the date indicated below, on their social media accounts which includes but is not limited to their Facebook page, Google+ page, Instagram and Twitter. I understand that these images and/or videos will not be used for any other commercial purposes.

Name (please print): _____

Signature: _____

Date: _____

Facebook to Tag: _____

Instagram to Tag: _____

For Minors:

Name of Minor (please print): _____

Name of Parent of Legal Guardian (please print): _____

Signature: _____

Date: _____