Image Release Consent Form

Release Statement

I consent to the recording of visual images by film, digital, video, electronic, or other formats for treatment, educational, promotional, advertising, commercial, display of use, or other purposes that support Ankeny Dental Center dentists and other staff. I agree that all rights to the sound, still, or moving images belong to Ankeny Dental Center and may keep my visual images indefinitely for the purposes listed above. I give the right and permission for Ankeny Dental Center to use and/or publish the visual images on social media sites including, but not limited to, Facebook, Twitter, Instagram, and the office's website page.

I hereby waive any right to inspect or approve the finished videos, photographs, slides, manuals, and other printed, electronic, or web-based material that may be used by Ankeny Dental Center in connection with any of the above purposes. I hereby release and discharge Ankeny Dental Center and all persons functioning under his/her permissions or authority from any legal or equitable claims including but not limited to the following: blurring of the image(s), alteration, distortion or use in composite form, libel, invasion of privacy or any claims based on the production or in the process of recording or publishing the materials. I do not expect compensation, financial or otherwise, for the use of these images.

Ankeny Dental Center may share my visual images with other institutions and dental offices as appropriate to its educational mission and, pursuant to law, will not release any personally identifiable information without my specific authorization. However, Ankeny Dental Center will not be responsible for any other party's use of my visual images.

I have read the forgoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name of Patient or Parent/Guardian (Print) _____

Patient or Parent/Guardian (Signature)_____

Relationship to Patient: _____

Date _____