

# Managing Marketing

## ADA's Guidelines for Practice Success™ (GPS™)

### SAMPLE PHOTOGRAPHY/IMAGE RELEASE

I \_\_\_\_\_ the undersigned, do hereby authorize and consent to the use of photographs/x-rays/videos of me (collectively, "Images") taken by [*insert dental office name*]. I grant them permission to reproduce, print and publish the Images for any legitimate purpose, including but not limited to use (but with no obligation to use) in dental practice marketing such as print and online advertising and practice newsletters and including, without limitation, composite or distorted representations, advertising, promotional materials, publicity, digitized images, broadcasts, and commercials, in each instance without further consent from me or compensation to me or any limitation whatsoever.. I specifically waive any claim for invasion of my personal privacy, including but not limited to under any state statute relating to privacy, which might accrue to me on account of the use of such pictures without my express consent in each instance.

I do consent to the use of my Images for marketing materials including but not limited to website and patient education for \_\_\_\_\_ (name of practice) \_\_\_\_\_ only. I further understand that if the Images are used, my name or similar identifying information will not be used.

I further acknowledge that my participation is voluntary and that I am not entitled to, and I will not receive any compensation, financial or otherwise, with respect to the taking, use or publication of these Images. I acknowledge and agree that neither the publication nor use of Images confer upon me (or upon my heirs, representatives and assigns) any right of ownership or royalties whatsoever.

Patient's Name: \_\_\_\_\_

Patient or Guardian Signature: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

[Dental Office Name]  
[Office address]  
[Office city, state, zip code]

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