



Jagare Ridge

DENTAL

YOUR HEALTH, YOUR SMILE, OUR COMMITMENT

Photo Release Form

I, _____, hereby grant permission to Jagare Ridge Dental to use photographs of my child/ children in their Cavity Free Club in the following ways: (please check all that apply)

- In office on our Cavity Free Club wall (photo with first name and age)
- Instagram @jagareridgedental (photo only)
- Facebook @JagareRidgeDental (photo only)

Child/ Children's names:

Parent/ Legal Guardian Signature

Date

Witness

Date