GUIDRY & HORAIST ORTHODONTICS

Media Consent Form

The undersigned hereby grant Guidry & Horaist Orthodontics and its employees the right to use photographs, videos, or interviews of: _____ for social media and marketing usage. The undersigned also hereby releases Guidry & Horaist Orthodontics and its employees, from any and all claims, demands, causes of action and suits arising out of or in connection with the use of these photographs, videos, or interviews.

_____ **OPTING OUT**

Signature (If under 18 parent must sign):_____ Date: _____

If signed by parent:

Parent name: _____ Relationship to patient: _____

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