

# Social media consent/Release form

I \_\_\_\_\_ authorize Jessica Martel at Newave Whitening the right to take photographs of me in relation to my teeth whitening procedure. I authorize Newave Whitening, it's assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Newave Whitening may use such photographs with or without my name for any lawful purpose, including for example such purposes as publicity, illustration and advertising web content.

I have read and understand the above:

Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_