



ALABASTER SMILES
PEDIATRIC DENTISTRY

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____, _____ (child/children name)

grant Alabaster Pediatric Dentistry my permission to use the photographs described as
No Cavities Club, Special Events and Marketing on Social Media (Only child's first name will
be displayed, if a name is mentioned at all) for any legal use, including but not limited to:
publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become
Payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date: _____

Print Parent/Guardian's Name: _____

Child's(children's) Name(s): _____

Phone Number: _____