



KALEIDOSCOPE KIDS DENTISTRY

SOCIAL MEDIA RELEASE FORM

1. This party grants permission to Kaleidoscope Kids Dentistry to use their Name and photographs on company social media platforms including Facebook, Instagram, Tik tok and twitter. And on the company website without acknowledgement or recognition given to the party.
2. The party grants the company creative permission to alter the photographs, permitted that the photographs are not altered in an explicit manner or cause malicious representation of the party.
3. In giving this consent, the party releases from liability from any violation from any personal right the party may have in connection with all third parties' use of the images on social media.
4. The party certifies that they are 18 years of age or older and patient/guardian of the patient.

Print name and date

Authorized signature