



- DR JON -

JONATHAN VONGSCHANPHEN, DDS

PHOTOGRAPHIC RELEASE AND CONSENT

- For value received, I _____ consent and authorize **Lone Tree Dental** to use my first name or a photograph, photographs, video, slides, or any other image as may be necessary of me, with or without my name, or with a fictitious name for advertising, trade, or any other lawful purpose and I release and forever discharge either or both of them from any claim, demands, or liability on account of such use or for the quality of the reproduction of the photograph or photo copy provided.
- Full Face _____
- Smile Only _____
- Photos to be used in:
 - Website _____
 - Magazines/Newspaper _____
 - TV _____
 - PowerPoint Presentations _____
 - In Office _____
- I choose **not** to have my photo used in any media _____

Signature: _____

Date: _____

MINORS ONLY:

If signature above is by a person under the age of 21, parent or guardian should sign below:

I _____ the parent or guardian hereby consent to the foregoing.

Signature: _____

Date: _____