

Children's Dentistry of Baytown  
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## Photograph and Publicity Consent Release Form

I, \_\_\_\_\_, give Children's Dentistry of Baytown and Dr. Anabel Vega permission to use my child's name, likeness, image or appearance in any pictures, photos, digital images and dental images taken or made on behalf of Children's Dentistry of Baytown. I agree that Children's Dentistry of Baytown has complete ownership of such pictures, etc., including the entire copyright and may use them for any purpose consistent with the mission of Children's Dentistry of Baytown. These uses include, but not limited to, illustrations, bulletins, exhibitions, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet, our website, and/or FaceBook. I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby release Children's Dentistry of Baytown and Dr. Vega from any and all claims which arise out of, or are in any way connected with such use. All negatives, prints, and digital reproductions shall be the property of Children's Dentistry of Baytown.

I have read and understood this consent and release.

I give my consent to Children's Dentistry of Baytown and to use my child's name and likeness to promote Children's Dentistry of Baytown's dental practice.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Parent/Legal