

**Steinway Family Dental Center
Photo Release and Media Consent
Form**

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Please check the paragraph below which is applicable to your present situation:

- I am 18 years or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the content, meaning and impact of this release. I understand that I am free to address any specific question regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.
- I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____ Name (please print): _____

Signature of patient or legal guardian (if under 18 years of age): _____