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(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Oleksa Dental Care representatives, to take and use: photographs and/or digital images of my child for use in news releases and/or marketing materials as follows: printed publications or materials, electronic publications, or Web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Oleksa Dental Care.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)