



HUDEC DENTAL SOCIAL MEDIA CONSENT FORM

I hereby give Hudec Dental permission to take photographs and videos of me for the purpose of posting on Hudec Dental’s Facebook, Twitter, and other social media sites in regard to the Relax. Smile. Serve. Scholarship. The purpose of this is to promote Hudec Dental’s company culture and increase exposure of our services.

I hereby release and discharge Hudec Dental from any and all claims arising out of use of the photos or videos.

I have read the foregoing document and fully understand its contents. I give this consent voluntarily.

_____	_____	_____
Student Name	Signature	Date

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

* If under the age of 18 a Parent/Guardian Signature is required