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Personal Release Agreement

I grant Dr. Jay M. Decoteau, D.M.D., P.C. (AKA: Decoteau Orthodontics) the right to use my images for the purpose of advertising and marketing, including but not limited to, their website, local newspaper and magazine ads, Facebook and other social media, and any in office media. I release Dr. Jay M. Decoteau, D.M.D., P.C. from any claims that may arise regarding the use of my image.

Patient's Name: _____ Date: _____

Address: _____

Signature(If over18): _____

Witness Signature: _____

Parent/Guardian Consent (if patient under the age of 18)

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this release.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Witness Signature: _____