



General Media Release Form

By signing this document below, I agree that Doman Dental Care is allowed to fully use pictures, video, and audio of I for the general purposes of multimedia marketing, publication, and advertisement

This includes publicity, illustration, website content, social media, e-mail marketing, postcard mailers, educational purposes, and general marketing and advertisement purposes! Your pictures, videos and audio will not be used outside of these categories

I, _____

Grant full permission to Doman Dental Care to record/photograph as well as use pictures, videos, and audio of myself for the purposes of marketing, publication, and advertisement!

Signature: _____

Address: _____

Date: _____