

Consent to Use by David C. Spokane DMD, MS
and Melissa R. Karski DMD, MDS
of Photograph, Likeness, Picture, Name, Comments, Testimonial, Or Voice

I, _____(name), do hereby fully and freely consent to the use, by David C. Spokane DMD, MS, Melissa R. Karski DMD, MDS and /or its agents and assigns, of my photograph, picture, name, comments, testimonial, and/or promotion or advocacy of Dr. Spokane, Dr. Karski and Karski-Spokane Orthodontics.

I do hereby release and hold harmless Dr. David C. Spokane, Dr. Melissa R. Karski and/or its agents and assigns from any liability with regard to the above stated purposes arising out of said consent or use. I hereby grant Dr. Spokane, Dr. Karski and/or its agents and assigns the right to use, my photograph, or likeness, picture, name, comments, testimonial, and/or voice to advertise and publicize the interests of Dr. Spokane and Dr. Karski.

Patient or Parent's Signature (if minor)

Print Patient's Name

Date