

**RELEASE  
for PATIENT PHOTOS AND RECORDS**

I hereby release and discharge the publisher of the Journal of Clinical Orthodontics, his heirs or assigns, and any and all other parties in interest from any claims, demands, grievances, and causes of action of every kind, all liability for damages of every kind now existing or which may arise from the use of photographs and/or case records of \_\_\_\_\_ for publication in the Journal of Clinical Orthodontics or any book, pamphlet, electronic medium, or other material which may be written, published, produced, or copyrighted by him, his heirs or assigns, or parties of interest.

(Print name of patient)

**I HAVE READ AND UNDERSTAND THIS RELEASE.**

In witness whereof, I have hereunto set my hand and seal this day, \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of patient or parent

**WITNESSES**

This release was signed by the said \_\_\_\_\_  
(Print name of patient/parent who signed above)

in our presence at \_\_\_\_\_ on \_\_\_\_\_.  
(City) (Date)

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Signature of Witness #2