

Photo Release Form

Date: _____

Name: _____

I hereby give permission to Dr. Thomas Hodge to use photos of me (or my child) in any of their publications, social media or publicity.

Please Print Name

Signature

Parent/Guardian

(If under 18 years old, Parent or Guardian must sign)

Also, Please go LIKE & SHARE our Facebook Page @ Dr. Thomas Hodge.

**You will be glad you did because we post updates, office news, and even special promotions
and deals!**