



Audio/Video Release Consent Form

Prima Family Dental uses video and sound surveillance for the safety of all our patients and staff.

By signing this form, you are aware of our use of surveillance in the office waiting areas only. You will not receive compensation for the use of your image, likeness, appearance, and voice now or in the future. Prima Family Dental may use the photographs, video, and sound recordings for any safety purposes whatsoever, but ***NOT*** for any commercial uses. All rights, titles, and interest in the photographs, video and sound recordings belong solely to the owner of Prima Family Dental, Dr. Alla Shikhanovich.

I understand and agree to the conditions outlined in this photograph, video and sound recording release and consent form. I give consent to Prima Family Dental to record my image and voice.

Printed Name of Participant

Signature of Participant

Date

Dr. Alla Shikhanovich

Doctor Signature