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I understand that Pearly Smiles Dentistry may take or receive photographs, video, audiotape and other image and sound-based media of its office, including its employees, patients, and other visitors. The Practice may wish to use such photographs for educational, promotional, advertising, and other purposes. This permission for release, without compensation or prior notice, would allow the Practice to use photographs in its printed publications, during presentations, and otherwise.

Therefore, I hereby freely and voluntarily consent to the use and publication of my name, participation, picture, or likeness by the Practice or its employees or agents for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition, at any time from this date forward until I revoke this consent in writing. I further waive any claims against the Practice, its employees, or agents based upon or related to its use or publication of my likeness, voice, participation, or picture. I freely give this authorization without expectation of compensation.

Printed Name: _____

Signature: _____

Date: _____