

Photo/Video Release

Photo/Video Release

I grant permission to Easy Dental Care and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Easy Dental Care and its legal representatives for all claims and liability relating to said images or video. Furthermore, I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein. I waive my right to any compensation.

.....

Category

I acknowledge that I am

If the legal guardian of patient, please list patient name here:

Signature