

PHOTO RELEASE FORM

For and in consideration of my engagement as a “model” or subject of photos by Cordido Dental Pros, PLLC, (“CDP”). I hereby give CDP, its legal representatives and assigns, those for whom CDP is acting, and those acting with its permission, or its employees, the right and permission to copyright and/or use, reuse and/or broadcast and republish photos and video recordings of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious name, on reproductions thereof in color, or black and white made through any media by CDP at its studio or elsewhere, for any purpose whatsoever, including the use of any digital or printed matter in conjunction herewith.

I hereby waive any right to inspect or approve the finished video, sound track, presentation, or advertising copy or printed matter that may be used in conjunction therewith or the eventual use that it might be applied.

I hereby release, discharge and agree so save harmless CDP, its representatives, assigns, employees or any person or persons, corporation or corporations, acting under its permission or authority, or any person, persons, corporation or corporations, for whom it might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in any composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution, or broadcast of the same, even should the same subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby certify that I am (over/under) twenty-one years of age, and competent to contract in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____

If other than the patient, indicate relationship: parent or legal guardian _____