

ON CAMERA RELEASE

I, _____ give Dallas Prosthodontics permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any promotional pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made in connection with Dallas Prosthodontics. I agree that Dallas Prosthodontics has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Dallas Prosthodontics marketing initiatives. This includes, but is not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release Dallas Prosthodontics and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release.

I give my consent to Dallas Prosthodontics to use my name and likeness to promote Dallas Prosthodontics marketing and promotional initiatives, its fiscal agent, and/or their activities.

Signature Date

Parent / legal guardian (if age 17) Date