

## **Dedicated Dentist Inc**

## PHOTO USE RELEASE FORM

I hereby grant and authorize Dedicated Dentist Inc. the right to take, edit, alter, copy, exhibit, publish, distribute, and make all pictures or videos taken of me by Dedicated Dentist Inc. to be used and/or for legally promotional and Dedicated Dentist Inc..

These materials include, but not limited to, newsletters, fiyers, posters. brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media formats and markets now known or hereafter devised.

This authorization shall continue indefinitely, unless I otherwise revoke this said authorization In writing.

I understand and agree that these materials shall become the property of Dedicated Dentist Inc. and will not be returned.

I hereby hold harmless, and release Dedicated Dentist Inc. from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract In my name.

I have read this release before signing below and I fully understand the contents, meaning and Impact of this release

(Signature)	(Date)

Servicing the Community as the Human in Humanity



Dr. Sonya White, DDS