



Consent to Video / Film / Photograph & Use Thereof

- All photos, including those that show my full face.

- Photos that are closeups of my mouth/teeth ONLY, that do not show my full face.

I (print name) _____, for good and valuable consideration, hereby give my permission to 425 Dental and or its authorized agents to use my photos, videos, image and likeness in all forms of media, as marked above, for any and all promotional purposes including advertising, publicity, education, display, audiovisual, exhibition, commercial and editorial use in domestic and foreign markets in perpetuity.

- I do not give permission for 425 Dental to use any of my photos.

Print Name: _____

Signature: _____ Date: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____