

GENERAL PHOTO RELEASE

In consideration of \$_____ paid to me, which I hereby acknowledge, I hereby grant to _____ and to any of their assigns, the absolute and irrevocable right and permission, with respect to the photographs taken of me, or in which I may be included with others; to use, re-use, and/or publish the same in whole or in part, individually, or in conjunction with other photographs, without limitation in perpetuity. These photographs shall be used specifically and exclusively for the purpose of dental education.

I hereby release and discharge _____ and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

Signed at _____ this _____ day of _____, 20_____

Legal Signature_____

Name (please print)_____

Full Address_____

I, the undersigned, hereby state that I am the (mother, father or guardian)

_____ of the above named individual and do hereby consent and give permission to this agreement.

Legal Signature _____

Date_____

Name (please print)
