



Photo, Video, and Image Release Form

I hereby authorize D4C Dental Brands Inc., its affiliated practices, subsidiaries, parent companies, (together the “company”) permission to use, reuse, publish, and republish the likeness of my child in any and all of its publications including, without limitation, videos, photographic portraits or pictures of the patient made through any medium, and in any and all media now or hereafter known, including the internet, for art, advertising, trade, printed materials, or digital/electronic formats.

I understand and agree that any photographs or videos using the patient’s likeness will become property of D4C Dental Brands Inc. and will not be returned.

I hereby authorize D4C Dental Brands Inc. on behalf of any of the entities/practices it supports permission to edit, alter, copy, exhibit, publish, or distribute the patient’s likeness for the purpose of publicizing or any related, lawful purpose.

I waive the right to inspect and approve the final product, including, written or electronic copy, wherein the patient’s likeness appears. Further, I waive any right to royalties or other compensation related or arising to the use of the patient’s likeness.

I may cancel this authorization to the extent allowed by law. If I do, I understand that the company may have already used photograph(s), video(s) or digital images prior to me cancelling this authorization, which would not prohibit any release done prior to the date of cancellation.

I understand that I may refuse to consent and that the patient’s dental and/or orthodontic treatment will not be affected or influenced by whether or not I sign this authorization.

I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the patient, and that I have every right to contract for the patient in the above regard. This release shall be binding upon the patient and me, and our respective heirs, legal representatives, and assigns.