



Mountain Dental Lab, Inc. General Photography Release Form

The purpose of this form is to obtain patient consent to utilize their photos of ideal examples of dental restorations created by Mountain Dental Lab, Inc. for the purposes of education and marketing.

I hereby authorize Mountain Dental Lab, Inc., hereafter referred to as "Company," to publish photographs taken on ___/___/___ of myself and/or the minor child or children listed below, for use in the Mountain Dental Lab, Inc.'s print, online and video-based marketing materials, as well as other Company publications. I understand my name/name(s) of the minor child or children will not be included, and that my dentist's name might be. I understand my/the minor child's photos will be cropped (cut) so that only my/the minor child's mouth is seen. I understand Mountain Dental Lab, Inc. takes every precaution to uphold patient anonymity and will not sell these photos.

I hereby release and hold harmless Mountain Dental Lab, Inc. from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Mountain Dental Lab, Inc. to use their likenesses.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Mountain Dental Lab, Inc., its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Parent or Legal Guardian Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____