



Employee Photo and Video Release Form

Purpose This agreement is to grant Premiere Dental the right to use photographs, video recordings, and any other visual or audio recordings of employees for advertising, marketing, and promotional purposes, including promoting the company's services, culture, and brand.

Release Agreement

I, the undersigned, hereby grant Premiere Dental, its affiliates, representatives, (including but not limited to marketing agencies and public relations firms), and assigns the following rights:

1. **Consent to Use:** I consent to the use of my image, likeness, voice, and/or name in photographs, videos, or other media recordings taken in connection with my employment for:
 - ☐ Advertising materials
 - ☐ Social media posts
 - ☐ Website content
 - ☐ Printed publications
 - ☐ Training materials
 - ☐ Other promotional or marketing purposes deemed appropriate by the company, including, but not limited to, brochures, presentations, and recruitment materials.
2. **Ownership of Media:** I understand that Premiere Dental will own all rights to photographs, videos, and recordings, including copyrights.
3. **Right to Edit:** I acknowledge that Premiere Dental may edit, modify, and combine the media with other content as necessary and appropriate.
4. **Waiver of Compensation:** I waive any right to receive payment, royalties, or other compensation for the use of my image, likeness, or voice as described in this agreement.
5. **Release of Liability:** I release Premiere Dental its employees, contractors, and representatives from any and all claims or liabilities arising from the use of my image, likeness, or voice.
6. **Duration:** I understand that this release is valid for the duration of my employment and extends indefinitely for materials created during my employment period.
7. **Revocation:** I understand that I may revoke this release in writing; however, revocation will not apply to any materials already in use or published at the time of the request.

Acknowledgment and Agreement I acknowledge that I have read and understood this release form. I understand that I am under no obligation to sign this agreement and that my refusal to do so will not affect my employment status. By signing below, I voluntarily agree to the terms outlined above.

Employee Information

Full Name: _____

Signature: _____

Job Title: _____

Date: _____

For Internal Use Only

Approval by Manager: _____

Date: _____