PREMIERE DENTAL

Photo Release

Date: _____

I _____ hereby grant to Premiere Dental permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Premiere Dental, in perpetuity, and for other use by Premiere Dental. I will make no monetary or other claim Premiere Dental for the use of the interview and/or the photograph(s)/video.

Name (print full name): _____

Signature: _____

Relation to subject (if subject is a minor): _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Requested by: _____