



Harding Dental Group

PHOTO CONSENT FORM

I, _____, do hereby consent to Dr. James Harding, use of my dental photo, portrait and/ or video tape as he sees fit for the advancement of cosmetic dentistry, educational viewing by other dental professionals, and in the promotion of cosmetic dentistry with or without my name, or with fictitious name. I release and forever discharge him from any claims, demands or liabilities on account of such use.

Patient Signature

Date

MODEL RELEASE

In consideration of my engagement as a model, upon the terms herewith stated, I hereby give to **James Harding/Harding Dental Group** their heirs, legal representatives and assigns, those for whom **James Harding/Harding Dental Group** are acting, and those acting with their authority and permission:

- A. The unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or from, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now and hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- B. I also permit the use of any printed material in connection therewith.
- C. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising cop or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- D. I hereby release, discharge and agree to save harmless **James Harding/Harding Dental Group**, their heirs, legal representatives or assigns, and all persons functioning under their permission or authority, or those from whom they are functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite from whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- E. I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Print Name: _____

Address: _____

City: _____ State/Zip _____

Home Phone: _____ Cell: _____

Signature

Date

Witness

Date