



"The Beginning of Your New Smile"

PHOTO | VIDEO | AUDIO RELEASE

I grant permission to WolfDDS, Inc., Dr. Robert O. Wolf, DDS, FAGD, FASDA, Genesis Dental Group hereafter referred to as Genesis Dental Group, and its agents, consultants and employees, to use photographs, video images and audio taken of me at any facility or function for use in any and all marketing, public relations and advertising mediums used by Genesis Dental Group, and to use such photographs, video images and audio in electronic versions of the same for any and all media distributions without notifying me.

I hereby waive any right to inspect or approve the finished photographs, video images or audio or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs, video images and audio.

I hereby agree to release, defend and hold harmless Genesis Dental Group and its agents, consultants and employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, social media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs, video images or audio, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:	
Participant's Address:	
Signature:	
Date:	



"The Beginning of Your New Smile"

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name:	
Relationship to Minor:	
Signature:	
Date:	