



Photo/Video Consent and Release Form

I, _____, hereby grant K&E Family Dental, its directors, officers, employees, agents, and designees non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that K&E Family Dental will own such Images and further grant K&E Family Dental permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to K&E Family Dental business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by K&E Family Dental prior to its use. I forever release and hold K&E Family Dental harmless from any and all liability arising out of the use of Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicly.

Printed Name: _____

Signature: _____

Address: _____

Date: _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and hereby consent that any Images (as defined above) may be used for any purposes set forth in this Consent and Release above.

Signature of Parent or Guardian: _____

Witnessed by: _____ Date: _____