

Appearance Release Form (Video – Audio – Photograph)

For **Frisco Kid's Dentistry** (Dr. Paul Rubin and Dr. David Sentelle)

By signing this release form I authorize Frisco Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) to use the following personal information:

1. My or my child's picture – including photographic, motion picture and electronic (video) images.
2. My or my child's voice- including sound (audio) and video recordings.

I hereby grant to Frisco Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) and our marketing affiliates, its subsidiaries, licenses, successors and assigns, the right to use, publish and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in section (1) and (2) above in any and all media including, without limitation, Frisco Kid's Dentistry (<https://friskokidsdds.com>) (Dr. Paul Rubin and Dr. David Sentelle), our marketing affiliates, Vimeo, YouTube, the internet, cable and broadcast television, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Frisco Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) and our marketing affiliates, all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies or the original print, and further grant Frisco Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) and our marketing affiliates, the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and wave the right to receive any payment for Frisco Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) and our marketing affiliates, use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contest.

IN WITNESS THEREOF, I have executed this release of this _____ day of _____, 20____.

Print Name: _____

Signature: _____

Address: _____ City _____ State: _____ Zip: _____

Subject is a Minor (under 18 years old)

Print Minor's Name: _____

Print Parent's Name: _____ Signed by Parent: _____ or

Print Guardian's Name: _____ Signed by Legal Guardian: _____

Guardian's Relationship with Minor: _____