Golden Dental Wellness Center

A Healthy Smile is Golden

All Media Release Form

Name: _____

I hereby consent for (name of your dental office/doctor) to use, reproduce, exhibit or distribute (in full or in part) any photographic, video, film, and/or audio recordings made of me or my likeness; and/or any written extract of such recordings in which I may be included, for any purpose whatsoever, in any medium now known or in the future invented.

I hereby release, discharge, and agree to hold harmless (name of your dental office/doctor goes here) and all persons acting under its permission or authority from any liability or injury that may occur while performing or appearing in the said video, audio, or photographic production.

Patient Signature: _____

Patient Print Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip:_____

If Patient is a minor under the laws of the state where acting or performing is done:

Legal Guardian: _____(Print name)

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____