



Mountain Dental Lab, Inc. General Photography Release Form

The purpose of this form is to obtain patient consent to utilize their photos of ideal examples of dental restorations created by Mountain Dental Lab, Inc. for the purposes of education and marketing.

I hereby authorize Mountain Dental Lab, Inc., hereafter referred to as "Company," to publish photographs taken of me on ___/___/_____, for use in the Mountain Dental Lab Inc.'s print, online and video-based marketing materials, as well as other Company publications. I understand my name will not be included, and that my dentist's name might be. I understand my photos will be cropped (cut) so that only my mouth is seen (not my face). I understand Mountain Dental Lab, Inc. takes every precaution to uphold patient anonymity and will not sell these photos.

I hereby release and hold harmless Mountain Dental Lab, Inc. from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Mountain Dental Lab, Inc., its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Patient Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____