

Here is a sample all media release that you may have your patients sign when included in any video, audio or still picture. Please keep your file of all releases in a safe place. Please note that this is only a sample. Please check with the laws in your jurisdiction before using.

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.

Talent Signature: _____

Talent Print Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

If talent 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: _____