

Release Form for Media Use

I, the undersigned, do hereby consent and agree that Rahway Dental Group, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on _____ and ending on _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of _____. I understand that although identifying information will not be posted, it is possible that I may be identified via the published media. Rahway Dental Group will protect my privacy according to their privacy policy and applicable HIPPA laws.

I do hereby release to Rahway Dental Group, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____