

Photo Release Form

Mark Habermeyer DDS
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Permission to Use Photograph

Subject: Before and After Dental Photographs

Location: Mark Habermeyer DDS - dental office: Torrance, CA

I grant to **Mark Habermeyer DDS**, its representatives and employees the right to take photographs of me and my mouth in connection with the above-identified subject. I authorize **Mark Habermeyer DDS**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Mark Habermeyer DDS** may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)