



Photo & Media Release

I hereby grant permission to the right of my recorded image, likeness and sound of my voice as recorded (or photographed) without payment or any other consideration, to Alex Silvia, DMD, LLC dba/Successful Smiles in perpetuity. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used for advertising, publicity, and commercial or other business purposes.

By signing this release, I understand this permission signifies that photographic or video recording of me may be electronically displayed via the internet. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for the aforementioned purposes.

Patient Name: _____
(Print)

Signed By: _____ Relationship: _____
(Signature) (Self, Parent, Guardian)

Date: _____