



## Photography/Video Release

I \_\_\_\_\_, hereby authorize **Integrated Dental** and **Freedom Day USA** to utilize photos, video and other printed materials featuring my name, likeness and photograph.

I understand that the photographs, information and /or videos can be used as a record of my care or record of services received, may be used for educational purposes in lectures, demonstrations, on event and business advertising (including website, publication, newspapers, magazines, phone books, television), and in professional publications (dental magazines and journals).

I do not expect compensation, financial or otherwise, for the use of these photographs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date