



Photography Release Form

I, _____ hereby acknowledge that this Photography Release Form became effective on _____.

I hereby authorize DCS Dental Lab to edit, change, copy and make any use of all photographs or videos of me to be used for any legal use, including but not limited to, publicity, copyright purposes, web content, social media, etc.

Furthermore, I understand that no royalty, fee or any other compensation shall become payable to me for the usage of the photos/videos.

I hereby release all rights to any, but not limited to, claims, rights, demands and/or any causes of action by me or my representatives, heirs or anyone else.

Name: _____

Signature: _____

Date: _____