

Model Consent Form

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The unrestricted right to copyright, in their name or otherwise, use, re-use, publish, re-publish said photographs of me or in which I may be included with others, in whole or in part, as part of a composite of distorted in character or form, without restriction as to changes or alterations in conjunction with my own or a fictitious name, in any or all media now or hereafter known for education, illustration, publishing, promotion, art, editorial, or any other purpose whatsoever.

I hereby forever release and discharge Neighborhood Dental, or its agents, from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including without limitation, any and all claims for invasion of privacy and libel.

I represent that I am over the age of eighteen years and that I have read the foregoing and fully and completely, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.