

PHOTO RELEASE FORM

Sunbrite Dental

560 N. NELLIS BLVD. #E-8
LAS VEGAS, NV 89110

Permission to Use Photograph

Subject: _____

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

I agree that Sunbrite Dental may use such photographs of me with or 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 _____

Address _____

Date _____

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