**Consent and release for use of photo & video/Audio Images**

Effective as of the date shown below, approval for past use and permission for present and future use is being granted to Dr. John Tchaboukian, Tchaboukian Dental Corporation, Inland Dental Group, John Tchaboukian DDS Inc, Diamond Bar Dental to use photographs, videos, or other images taken on \_\_\_\_\_\_\_\_\_\_\_\_ (date) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the photographed party), as more fully explained in this consent and release. The photographed party/parent or guardian is an adult and is fully authorized to sign this consent and release.

For value received, receipt of which is hereby acknowledged, the photographed party hereby grants consent to Dr. John Tchaboukian, Tchaboukian Dental Corporation, Inland Dental Group, John Tchaboukian DDS Inc, and Diamond Bar Dental, its agents, employees, licenses, and successors in interest (collectively, the released party) and authorize the use of any and all photographs that are taken of me, and any reproduction of them in any form in any media whatsoever and in any derivative work based thereon throughout the world, and to use them publicize, promote and advertise, including but not limited to use for point of sale advertising.

The photographed party also consents to the use of my own name which may be chosen in connection with the aforesaid photographs. The photographed party hereby releases any and all claims whatsoever in connection with the use of my photograph and name and the production thereof as aforesaid.

The photographed party hereby waives any right that may have to inspect and/or approve the book or the advertising copy that may be used in connection therewith or the use to which it may be applied.

**THE PHOTOGRAPHED PARTY WARRANTS THAT HE/SHE IS THE UNDERSIGNED AND THAT HE/SHE HAS READ THIS CONSENT AND RELEASE PRIOR TO THE SIGNING OF THIS DOCUMENT, THAT THE UNDERSIDNED UNDERSTANDS IT, AND THAT THE UNDERSIGNED FREELY ENTERS INTO THIS CONSENT AND RELEASE.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**