



Photography Release Consent

I, _____, do hereby grant **Dr. Kandare, The Comfort Dentist** and any authorized advertising/marketing agency thereof, permission to use my photographic likenesses in their advertising/marketing materials. I further understand that by signing this agreement, I give **Dr. Kandare, The Comfort Dentist** ownership of any likenesses their authorized photographer creates of me (unless otherwise noted), including but not limited to "before and after" photos and candid photos. Upon signing this agreement, I relinquish control of how the aforementioned images are to be used and understand that they may appear in any brochure, direct mailers, web pages, and television/newspaper ads.

I understand I may revoke this authorization at any time, but such revocation must be in writing and received by the practice via registered mail. Revocation affects disclosure moving forward and is not retroactive. This authorization expires 5 years from date signed.

I understand that the practice cannot condition treatment on whether or not I sign this authorization.

Patient Name: _____

Signature: _____ Date: _____

If patient is a minor, Name: _____

Parent/Legal Guardian: _____

Witness Signature: _____ Date: _____