



### Photograph, Video, Audio, Website & Social Media Release Form

I, \_\_\_\_\_ do hereby grant permission to Pony Express Dental and affiliates to post my and/or my child's story, photo, voice or likeness on the company's web site, educational or informational presentations, advertising and marketing materials as well as social media outlets which include but are not limited to Facebook, Twitter, Instagram, Linked in, Google+, etc. I also understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product.

I hereby release you, Pony Express Dental and affiliates, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said materials detailed above, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in different geographical areas and that there is no time limit on the validity of this release nor is there any geographic limitation on where this material may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for the stated reasons listed above.

**Full Name (print)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

**Child's Name:** \_\_\_\_\_

**Parent or Legal Guardian Signature** \_\_\_\_\_

**Office Use ONLY**

Project:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_