

# Model Release

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## Model Release

**Patient First Name \***

**Patient Last Name \***

Effective as of the date shown below, approval for past use and permission for present and future use is being granted to practice, to use photographs, videos or other images taken on date indicated below (the Photographed Party), as more fully explained in this Consent and Release. The Photographed Party is an adult and is fully authorized to sign this Consent and release.

**Date of images taken:**

For value received, receipt of which is hereby acknowledged, the Photographed Party hereby grants consent to practice, its agents, employees, licensees and successors in interest (collectively, the Released Party) and authorize the use of any and all photographs or 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 to 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 of any fictitious 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 reproduction thereof as aforesaid.

The Photographed Party hereby waives any right that I 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 UNDERSIGNED UNDERTANDS IT, AND THAT THE UNDERSIGNED FREELY ENTERS INTO THIS CONSENT AND RELEASE.

**Draw your signature into the box below. \***

[Clear](#)

**Relationship to the patient \***

**Name if not the patient \***

**Continue**

Smiles of Arlington