

Photo Release for Steven Wynn, DDS, Inc. (Wynn Orthodontics)

I consent and agree that Steven Wynn, DDS, Inc., (Wynn Orthodontics) its employees, or agents have the right to take photographs, videos, and/or digital recordings of me and have the right to use these in any and all media, now and hereafter.

I further consent that my name and identity may be revealed by descriptive text or commentary.

I release to Steven Wynn, Inc., its agents, and employees all rights to exhibit this work in electronic and print form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I also waive any right to inspect or approve the media or any finished materials incorporating the media.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Steven Wynn, DDS, Inc. is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read and understand this statement, and am competent to execute this agreement.

Date:

Name (please print):

Address:

Phone:

Signature:

Signature of Parent/Guardian:

(if individual signing above is under 18 years of age)

Witness: