



AppleWhite Dental Iowa P.C., dba

## Photo/Video Release Form

Westown Pediatric Dentistry  
4090 Westown Parkway, Suite B1  
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### Permission to Use Photograph/Video

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge:

**Permission and Waiver.** I grant AppleWhite Dental Iowa P.C., doing business as Westown Pediatric Dentistry, its affiliates, its representatives and employees the right to take photographs of me and my property, [publish my name] in connection with the above-identified subject. I authorize AppleWhite Dental Iowa P.C., doing business as Westown Pediatric Dentistry, its successors, assigns and transferees (the "Office") the worldwide, irrevocable and perpetual right and permission, in any media, to copyright, use and publish the same in print and/or electronically. I waive the right to inspect or approve prior to publication any photographs of me. [I understand the term "publish" as used herein encompasses publication, republication, distribution, reproduction, and any other transmission, in any media.]

**Copyright.** I agree that the Office may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, video, and web content. I understand that the Office owns the copyright in all content it creates, including content that includes such photographs of me or my property [and my name].

**Release.** I release the Office from any claims or liabilities that may arise regarding the use of the photographs and/or video of me or my property [or my name], including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright.

**Warranty.** I represent and warrant that I am more than 18 years old and have the legal right to consent to and do consent to the terms and conditions of this Photo Release Form or, if the subject of the photographs is an individual under 18 years of age, that I am the parent or legal guardian of the individual being photographed, and I have read this Photo Release Form and approve of its terms.

### I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)