

AUTHORIZATION FOR USE OF IMAGE, NAME AND LIKENESS

I, _____, the undersigned, permit and authorize Josephine Finazzo, DMD

(**"the office"**) and its employees, agents, representatives, contractors, a personnel who are acting on behalf of the OFFICE to create and/or obtain and use my photograph, my quotes/excerpts of my recording or other likeness of myself (therein after collectively referred to as (**"MY LIKENESS"**)) for purposes related to marketing, promotions, and advertising to the OFFICE, without compensation to me.

I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to video presentations, mail outs, emails, billboards, signs, brochures, placements, on websites and/or

Other electronic reproductions of My Likeness in accordance with authorization for Use of Image, Name and Likeness may be subject to reasonable modification and editing.

I acknowledge that the Office has the right to make one or more photographs, audio recordings, videotapes, or disk presentations, or other electronic reproductions of My Likeness in accordance with Authorization for Use of Image, Name and Likeness maybe subject to reasonable modification or editing.

I relinquish and give the Office all rights, title and Interests in and to My Likeness, including any copyright therein. This Authorization shall be binding upon heirs, successors, assigns, and legal representations.

I understand that, although the Office will endeavor to use My Likeness, in accordance with the standards of good judgement, the Office cannot warrant or guarantee that any further dissemination of My Likeness will be subject to Office Supervision of control. I understand that the publication may be accomplished to electronically via the Internet/World Wide Web and that there after publication the Office will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying My Likeness there from and subsequently using, altering, or republishing it without my consent. I understand and voluntarily accept the possibility of dissemination, reproduction, distribution, and /or display of My Likeness in print or any and all the other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use.

I have read and understand the conditions of this Authorization and hereby freely and voluntarily consent to the use of My Likeness by the Office.

Signature/Parent Guardian Signature (if under 18)

Date