

**ADULT PHOTOGRAPH/VIDEO/IMAGE/NAME CONSENT FORM**

I, the undersigned, hereby grant Progressive Dental, PLLC, its employees and those acting with its authorization permission to use my image and name in all forms of media, including photographs and videotapes for all purposes including advertising, commercial and/or promotional materials such as magazines, brochures, newsletters, television, websites, and other marketing (facebook, Twitter, Progressive Dental website)

I hereby waive any right to inspect or approve the photographs, videotapes or other printed or electronic matter that may be used in conjunction with them now or in the future.

I have read the foregoing consent before signing it, represent that I am competent to sign it, and acknowledge that I fully understand its contents.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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