



# Consent and Release Form

For Testimonials, Photographs and Videos

## Name

First Name      Last Name

## Email

example@example.com

## Address

Street Address

## Phone Number

Area Code      Phone Number

City      State

Zip Code

I, \_\_\_\_\_,

do hereby grant to Robert Korwin DMD PA, its agents, representatives, successors and assigns (hereinafter referred to as the "Releasees") the irrevocable right and permission to copyright, use, re-use, publish, republish and otherwise reproduce my images, photographs, videos, testimonials and comments, in whole or in part, without restriction, and in any medium, as well as in any marketing and advertising materials.

I do hereby waive any right to compensation of any nature in connection with the use of my images, photographs, videos, testimonial and comments.

I do hereby waive any right to inspect or approve any of my images, photographs, videos, testimonials or comments in advance of their use. I do hereby waive any right to inspect or approve any advertising copy or other material in which my images, photographs, videos, testimonials and comments will appear.

I do hereby waive and release any and all claims that I may now or in the future possess against Releasees and do hereby agree to hold Releasees harmless from any and all liabilities arising out of the blurring, alteration, optical illusion, or use in composite from, whether intentional or otherwise, of my images, photographs, videos, testimonials and comments.

I do hereby waive and release any and all claims against Releasees arising out of, or in any way connected to, the use of my images, photographs, videos, testimonials and comments.

I am over the age of 18. I have read and understand the terms of this Release. I understand that its terms shall be binding upon me and my heirs, legal representatives and assigns.

## Signature

## Date



\_\_\_\_\_  
Month      Day      Year

## Print Name