



Talent Release Form

Dental Associates
205 E. Wisconsin Avenue
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Permission to Video/Photograph

I grant to DENTAL ASSOCIATES, its representatives and employees the right to take photographs and video of me and my property in connection with any projects we agree upon. I authorize DENTAL ASSOCIATES, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that DENTAL ASSOCIATES may use such photographs and video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

City, State Zip _____

Date _____

Signature, parent or guardian _____ (if under age 18)



So many reasons to smile

