PHOTO/TESTIMONIAL RELEASE FORM PERMISSION TO USE IMAGE/TESTIMONIAL DATA

I, , give First Impressions Dental Lab (A and A Dental Labs LLC), its employees, designees, agents, independent contractors, legal representatives, successors and assigns, and all persons or departments for whom or through whom it is acting, the absolute right and unrestricted permission to take, use my name, testimonial and biographical data and/or publish, reproduce, edit, exhibit, project, display and/or copyright photographic images or pictures of me or my child(ren), whether still, single, multiple, or moving, or in which I (they) may be included in whole or in part, in color or otherwise, through any form of media (print, digital, electronic, broadcast or otherwise) U.S.A or elsewhere, for art, advertising, recruitment, marketing, fund raising, publicity, archival or any other lawful purpose.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or my child(ren) or unknown, and I waive any right to royalties or other compensation arising from or related to the

use of the image or product.

I release and agree to hold harmless/liable First Impressions Dental Lab, owner, employees, agents, nominees, departments, and/or others for whom or by whom First Impressions Dental Lab is acting, of and from any liability by virtue of taking of the pictures or using the testimonial/biographical data, in any processing tending towards the completion of the finished product, and/or any use whatsoever of such pictures or products, whether intentional or otherwise.

I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined herein by my parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

***O*** Consent to Full face ***O*** Consent to Partial face

Name (Please print)

Signature or Signature of parent or legal guardian if under 18 years of age Witness

Date