

CONSENT TO BE PHOTOGRAPHED AND
AUTHORIZATION TO USE PHOTOGRAPH(S)

I, the undersigned, voluntarily and irrevocably consent, for myself and/or my child(ren), to be photographed by a photographer employed, engaged, or otherwise approved by John E Trahan II, APDC., dba Smile Design Orthodontics. I understand that the intended use of the photograph(s) is for publicity, education, marketing or public information efforts of John E Trahan II, APDC. dba Smile Design Orthodontics in print, television, and/or on the Internet, and that other uses of the photograph(s) also may be made.

I irrevocably authorize any and all uses, by or on behalf of John E Trahan, APDC. dba Smile Design Orthodontics, of the photograph(s)/video(s) depicting me and/or my child(ren), in whole or in part, and understand that I will not be paid or compensated by John E Trahan, APDC dba Smile Design Orthodontics in any way for the taking or use of any photograph(s).

I hereby release and discharge John E Trahan, APDC dba Smile Design Orthodontics and its managers, employees, agents, and representatives from any claims, liability or results caused by the use of said photograph(s) of me and/or my child(ren), which I have now voluntarily authorized as a gift to John E Trahan, APDC. dba Smile Design Orthodontics.

PATIENT NAME

PRINT NAME

SIGNATURE

DATE