

**Dental Care Today, PC
9744 Lantern Road
Fishers, IN 46037-9612
317- 842-2337**

PHOTOGRAPHIC RELEASE

For valuable consideration received, I, _____ hereby give **Dental Care Today, PC, and/or E. Dale Behner, D.D.S.**, the absolute and irrevocable right and permission, with respect to the photographs that have been taken of me to be used and re published for any commercial use for the territory of the whole world.

- A. To copyright the same in its own name or any other name that **Dental Care Today, P.C.** may choose.
- B. To use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by the way of limitation) illustration, promotion and advertising and trade through December 31, 2114.

This authorization and release shall also apply to the benefit of the legal representatives, licensees and assigns of **Dental Care Today, P.C.**

I am over the age of eighteen. I have read the following and fully understand the terms of this release.

Date:

Signed: _____

Name:

Address:

City:

State:

Zip:

Telephone #:

Witnessed by: _____