



Authorization to Take and Use Photographs/Video and Waiver and Release of Claims

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I acknowledge that DOCS Dental will own such Images and I further grant DOCS Dental permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to DOCS Dental business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by the DOCS Dental prior to its use. I forever release and hold the DOCS Dental harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

Printed Name

Signature

Address

Date

I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and I hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

SIGNATURE OF PARENT OR GUARDIAN

Witnessed by

Date
