Consent Form Social Media/Photos

This Agreement is between **MONROE ORTHODONTICS LLC,** and the following persons:

_____

In consideration of the engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Photographer, his/her legal representatives, heirs and/or assigns, those for whom Photographer is acting, and those acting with his/her authority and permission (collectively "Photographer"), the absolute right and permission to copyright and use, re-use, and publish, photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media now or hereafter known, for art, advertising, trade or any other legal purpose. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. ____

I hereby release, discharge and agree to hold harmless Photographer from any and all liability that has or may occur or be produced in the taking of said pictures or any subsequent process thereof, as well as any publication thereof. ____

I acknowledge that I am at least 18 years old, and have the right and ability to consent to the terms herein, and further, that I have am authorized and able to sign on behalf of all persons listed above as Model(s). ____

I have read, understood, and agree to the terms of this Release. I understand that I am or may be giving up certain legal rights by signing this Release.

Patient/Parent Name: _____ Date _____

Signature of Patient (if over 18) or Parent: _____