

**CONSENT FOR MEDIA RELEASE**

Name: \_\_\_\_\_

I hereby consent for Alex H-D Pham DDS and Enhanced Smiles to use, reproduce, exhibit or distribute (in full or in part) any photographic, video, film, and/or audio recordings made of me or my likeness; including my name or other patient identifiers and/or any written extract of such recordings in which I may be included, for any purpose whatsoever, in any medium now known or in the future invented.

I hereby release, discharge, and agree to hold harmless Alex H-D Pham DDS, Enhanced Smiles and all persons acting under its permission or authority from any liability or injury that may occur while performing or appearing in the said video, audio, or photographic production.

Patient Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If patient is a minor under the laws of the state where acting or performing is done:

Legal Guardian: \_\_\_\_\_  
(Print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_