

LINDA A. STEELE, DDS

Photo Release Authorization for Minor

Authorization to Photograph

I hereby authorize Steele Dental Specialties permission to use photograph(s) of my minor child as specified below.

I agree that Steele Dental Specialties may use and permit other persons to use the information, negatives or prints prepared as a result for such purposes and in such manner as it may deem appropriate, including but not limited to, medical, educational and scientific journals, newspaper and magazine articles, promotional purposes, movies, or any other media or means of dissemination. In addition, Steele Dental Specialties may use such photograph(s) for presentations on television, our website or seminars for the purpose of educating the public about pediatric dentistry. I also authorize and consent to the use of video taping, preparation of drawings and similar illustrative graphic material, and the use of these materials for scientific purposes. I agree that Steele Dental Specialties will be the sole and exclusive owner of such photographs. I understand that any dissemination of the materials described above, which are made public, will be within generally accepted bounds of good taste.

The terms "photograph" or "photographs" as used in the foregoing shall mean motion picture or still photography in any format, as well as videotape, videodisc, or any other mechanical means of recording and reproducing images.

Release of Liability

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. In giving my consent, I hereby release and hold harmless, Steele Dental Specialties, their employees, agents and designees from any and all responsibility or liability. I understand that I, or my minor child, will not receive compensation for the use of this likeness in any form.

Child's Name (Please print)

Parent's Name (please print)

Date

Parent's Signature

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