

**Personal Release**

With respect to the attached photograph (hereinafter the "photograph"), I hereby grant to Maryann Kriger, DDS PA (hereinafter the "Sponsor"), its affiliates and licensees, and to the photographer of the photograph, the following worldwide, irrevocable rights:

(1) to copyright the photograph in the name of the Sponsor or in the name of the photographer; and

(2) to use and re-use, publish and re-publish the photograph, in whole or in part, individually or in conjunction with printed matter, or in composite form, and in any medium, for editorial, commercial, promotional, and/or trade purposes.

I hereby waive my right to inspect or approve any copy that is used in connection with the photograph and release and discharge the Sponsor, its affiliates and licensees, and the photographer from any and all claims arising out of use by the Sponsor, its affiliates and licensees, of the photograph for the purposes described above, including any claims for libel and invasion of privacy.

I am over the age of twenty-one. I have read the foregoing and fully understand its contents.

\_\_\_\_\_  
Signature

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

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

Phone number: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

**If a minor, have parent or guardian complete below:**

I give Kriger Orthodontics, Maryann kriger, DDS, PA to use my childs photo under rules and release above.

Approval: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Parental authority (e.g. Mother, Father, etc.): \_\_\_\_\_

\_\_\_\_\_