



PHOTOGRAPH RELEASE FORM

For good and valuable consideration, the full receipt and sufficiency of which are hereby acknowledged, I hereby give permission to _____ ,

(photographer)

with respect to the photograph that he/she has taken of me, or my minor child or legal ward, on

_____ at _____,

(date)

(location)

to copyright the photograph in the name and for the benefit of the American Dental Association (ADA), to allow the ADA or any of its subsidiaries or affiliates to publish the photograph, in whole or in part, in The Journal of the American Dental Association, and to permit its use in any media format, whether in print form, online, or any other magnetic, optical, electronic and online form of publication or transmission, to permit republication or other reuse of the photograph, and to otherwise own and use without limitation any and all rights in the photograph.

I hereby forever release and discharge the photographer, the ADA, its officers, directors, agents, representatives, subsidiaries and affiliates, and all successors and assigns, from any and all claims, damages, actions and demands in any way arising out of or in connection with the use of such photograph, including but not limited to any claims for defamation or invasion of privacy.

For a photograph of me, I represent and certify that (a) I am of legal age OR (b) for a photograph of a minor child, I represent and certify that I am a parent or the legal guardian of that child. Further, I represent and certify that I am not under any legal disability and that I have read the foregoing carefully and fully understand the contents and meaning of this release.

Signature

(Print name)

Date

Witnessed by _____
(Signature)

(Print name)