



Media Consent

VIDEO/PHOTO PERMISSION FORM

I hereby authorize QC South Dentistry and each of their respective affiliates, employees, and agents (collectively, "Released Parties") to use, publish, and/or disclose video and/or still images of me, my name, and other information I may provide about me in or along with such video and/or still images (collectively, "My Information") for all QC South Dentistry-related purposes, including, without limitation, online education, promotion, advertising, and any/all similar or related purposes. I hereby convey to the Released Parties all rights, title, interest, and copyright ownership that I may or could have in such video or still images that include My Information.

In the case of a minor: I hereby warrant and represent that I am the legal guardian of the minor named above and have every right to contract for her/him in the above regard. I state further that I have read the above permissions, releases, and agreements, and that I consent and hereby agree on behalf of myself and the above minor to their terms.

I understand the above information and agree with its contents, and this will serve as my electronic signature.

Signature
