



SmileGroup

## PHOTO/VIDEO RELEASE FORM

I hereby give Smile Group and its related companies consent to record, videotape, and photograph my image and/or voice to be used in the following ways:

- Office Security Footage
- Company Phones for quality control
- Printed Customer/Patient Material
- Printed Annual Reports
- Marketing Materials (such as but not limited to: brochures, company website, office TV, social media page, etc.)
- Interview Meetings

I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Signature:

Name:

Date: