

# Appearance Release Form (Video – Audio – Photograph)

For **Lonestar Kid's Dentistry** (Dr. Paul Rubin and Dr. David Sentelle)

By signing this release form, I authorize Lonestar Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle) to use the following personal information:

1. My or my child's picture – including photographic, motion picture and electronic (video) images.
2. My or my child's voice- including sound (audio) and video recordings.

I hereby grant to Lonestar Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle), its subsidiaries, licenses, successors and assigns, the right to use, publish and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in section (1) and (2) above in any and all media including, without limitation, Lonestar Kid's Dentistry (<http://www.LonestarKidsDDS.com>) (Dr. Paul Rubin and Dr. David Sentelle), Vimeo, YouTube, Facebook, Instagram, TiKTok, the internet, cable and broadcast television, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant Lonestar Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle), all rights, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies or the original print, and further grant Lonestar Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle), the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and wave the right to receive any payment for Lonestar Kid's Dentistry (Dr. Paul Rubin and Dr. David Sentelle), use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that may be used in conjunction therewith or to approve the eventual use that it might be applied.

✓ **Subject is a Minor (under 18 years old)**

**Print Minor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I acknowledge that I have read the foregoing and I fully understand the contest.**

IN WITNESS THEREOF, I have executed this release of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Print Parent's Name:** \_\_\_\_\_ **Signature of Parent:** \_\_\_\_\_

**OR**

**Legal Guardian's Name:** \_\_\_\_\_ **Signature of Legal Guardian:** \_\_\_\_\_

**Guardian's Relationship with Minor:** \_\_\_\_\_