

Dentist / Lab Technician / Photographer/Videographer/Illustrator Consent to Release of Material

I am submitting photographs, slides and other materials (collectively, the "material") to the American Academy of Cosmetic Dentistry®, Inc. (the "AACD"). I hereby represent to the AACD that I have the authorization of the patient, _____ **[Insert patient name]**, to use the material and provide it to AACD for its uses, including but not limited to use in AACD publications, advertisements, web sites, exhibit booths, educational programs, social media, other media, and other ways such as reprints, that are deemed appropriate by AACD. If the patient revokes his or her authorization I will immediately provide written notice of the revocation to AACD. I hereby give my consent and permission to the AACD, its officers, agents, employees and affiliates, to use any or all of this material in such manner. I understand that I will receive no compensation for use of the material described in this consent. My consent is freely given to the extent permitted under applicable law. I hereby release and indemnify the AACD, its officers, agents, employees and affiliates from any and all liability for using the material as described in this consent. This release shall apply to any successor or assignee of AACD. I understand that the patient authorization provided by the AACD may not incorporate all applicable law and that I may contact my own legal counsel to review the authorization and this consent.

Photographer / Videographer/Illustrator Release (please check one of the following):

- (1) If the dentist/lab technician is the photographer/videographer/illustrator;
 - (2) If another person (such as a professional photographer/videographer/illustrator) is the photographer /videographer/illustrator.
1. ___ I certify that I am the photographer/videographer/illustrator of the attached images taken of the patient or subject. I am the sole owner of all copyrights in said images, and own all right, title and interest thereto. (The default shall be this box if no box is checked).
2. ___ Another person, identified below as the photographer/videographer/illustrator, is the photographer/videographer/illustrator and owner of all copyrights in said images and owns all right, title and interest thereto. I certify that I have obtained the photographer's signature, below, and agreement to this consent.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the photographer/videographer/illustrator/s identified below or the dentist/lab technician hereby grants a non-exclusive perpetual worldwide royalty-free license to the AACD, an authorized agent of the AACD or any successor or assignee of AACD, to reproduce, publish, copy or prepare derivative works based upon the submitted images for the following purposes:

- 1. Print marketing, publicity or advertising campaigns promoting AACD, including use in brochures, advertisements, and informational literature;
- 2. Publication in dental journals in relation to articles about AACD or its members; via the AACD Web site, www.aacd.com.
- 3. Publication at trade shows through an AACD exhibit booth; and/or
- 4. Other purposes deemed appropriate by the AACD, including those described above.

There are no limitations on the type of media that may be used by AACD for the above purposes unless specified in writing on this form. All rights not expressly granted herein are retained by the photographer / videographer/illustrator.

Dentist and/or Laboratory Technician Signature

Date

Print Dentist and/or Laboratory Technician Name

Complete if dentist/laboratory technician is not the photographer/videographer/illustrator:

Photographer/Videographer/illustrator Signature

Date

Print Photographer/Videographer Name