



Photo/Video Release Form

Permission to Use Photographs

and Videos

I grant to Barry J Glaser DMD PC, its representatives and employees the right to take photographs and/or videos of me and my property in connection with the above-identified subject. I authorize Barry J Glaser DMD PC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Barry J Glaser DMD PC may use such photographs and/or videos of me with or without my first name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)