Always About Smiles
Exceeding Your Expectations In Everything We Do

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Photography Release

I, _____, hereby consent and authorize Dr. Lambert and his team at Always About Smiles to take photographs, slides, and/or videos of my face, jaws and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used with or without my given name or with a fictitious name for educational purposes in lectures, demonstrations, advertising, professional publications (dental magazines and journals) and any other lawful purpose.

I release and forever discharge Dr. Lambert from any claim, demands, or liability on account of such use or for the quality of the reproduction of the image.

Signature _____ **Date** _____

Witness _____ **Date** _____

Minors Only

If the signature above is by a person under the age of 18, parent or guardian should sign here:

I, _____, parent or guardian hereby consent to the release as stated above.