**PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that by initialing the “I consent” below means that all photos or videos or portrait of me, or of any part of me, or reproductions therefore Windermere Dental & Medical Spa and their employees for such purposes as he/she may desire in connection with his/her research, writing and/or professional activities, may be used, exhibited, and/or published through any medium including, but not limited to, social media platforms, whatsoever as part of or in connection with his/her research, writing and profession activities, even though such use may be for advertising purposes of trade.

I hereby certify and represent that I am over 21 years of age.

(please initial one) I CONSENT \_\_\_\_\_\_\_\_\_\_\_\_\_ I DO NOT CONSENT \_\_\_\_\_\_\_\_\_\_\_\_\_

*BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE “CONSENT” AND “NON-CONSENT” RELEASE AND INDEMNITY AGREEMENT” FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.*

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_