

Photo Release — for Parties Appearing in Video

Videographer _____ Video Title _____

I, the undersigned, do hereby relinquish any and all rights to photographs, portraits, transparencies, negatives, prints, Polaroids or other photographic reproductions captured with still, motion picture, video or other cameras for use by the American Association of Orthodontists. It is further agreed that the American Association of Orthodontists may use, or cause to be used, the photographs for any and all exhibitions, public display, publications, commercial art and advertising purposes, without limit or reservation or any compensation.

Printed name of person appearing in the video _____

Address _____

City/State/Zip _____

Phone # _____ Work # _____

Signature of person appearing in the video _____ Date _____



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