



### **Photography Release**

I hereby authorize Mark Tickle Family and Implant Dentistry to publish photographs taken of me during my dental office visits, and my name and likeness, for use in the Mark Tickle Family and Implant Dentistry's print, online and video-based marketing materials, as well as other office publications.

I hereby release and hold harmless Mark Tickle Family and Implant Dentistry from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other dental office publications. I acknowledge and agree that publication of photographs confers no rights of ownership or royalties whatsoever.

I hereby release Mark Tickle Family and Implant Dentistry, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

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

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