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Photo/Video Release Form

I hereby grant Henry F. Cuttler DDS, PC permission to use my likeness in a photograph and or video in any and all of its publications, including website entries, or any other media, without payment or any other consideration.

I understand and agree that these materials will become the property of Dr. Cuttler and will not be returned.

I hereby irrevocably authorize Dr. Cuttler to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Dr. Cuttler's programs or for any other lawful purposes. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appear. Additionally, I wave any rights to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Dr. Cuttler from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate have by reason of this authorization.

I am at least 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Signature)

(Date)

If the person signing this is under 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent of guardian of _____, named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

(Signature)

(Date)

Refusal to use my imaging and documentation x _____ (Date) _____