

CONSENT TO PHOTO RELEASE

I, _____ hereby give my permission to Bright Smile Dental Care to use the before and after photos of my dental work as marketing tools in advertising Bright Smile Dental Care office located at 3370 SW 192nd Ave. Aloha Oregon 97006.

I understand that these photographs may be used in marketing materials such as web site, business brochures, any other marketing publications, or in the office by Bright Smile Dental Care.

I understand that these photographs will be used to illustrate the quality of work provided at Bright Smile Dental Care, and I give my full consent in using these photographs to promote the advertising conducted by Bright Smile Dental Care.

Signed _____ Date _____