

ACTOR RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged,
I, _____ hereby consent to the video and sound recording
of myself and the use of these recordings singularly or in conjunction with other recordings for
marketing, entertainment, and or other business purposes.

I further consent to the reproduction and/or authorization by Camille VanDevanter, D.D.S.,
M.S.D. to reproduce and use said video images and recordings of my voice, and hereby
irrevocably release Camille VanDevanter, D.D.S., M.S.D., and any of her employees from all
claims of every kind on account of such use.

By signing this release, I understand that this permission signifies that recordings of me may be
electronically displayed via the Internet or in the office of Camille VanDevanter, D.D.S., M.S.D.,
and that there is no time limit on the validity of this release.

If Model is under 18: I, _____, am the parent/legal guardian of the individual
named above, I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: _____