



Your Special Smiles PLLC Media Release

This program is primarily funded through grants, donations and speaker honorariums that Dr. Brooke makes giving courses across the nation. The primary reason Dr. Brooke is successful in securing funding is because she can demonstrate that she is helping real people. She also is a popular speaker because her content is genuine and she shows cases so learners can better relate and learn. Dr. Brooke is very respectful of the people used in the photos. Unless it adds significant value to the case, she also separates facial photos from treatment photos to maintain privacy. She denotes on her slides that the patients pictured are not representative of the health information given to maintain privacy. Permission to use media is vital to the success of the program. While this is a key component to our success, you also have the right to refuse having your photo/your loved one's photos used and you will be treated no differently than those who have given consent. Patients who accept the media release may be given a discounted rate as their photos may be key in securing external funding. Rates that are presented already contain the discount as most of our patients do accept the media release. Below is our media release. In signing this form you agree to this media release. If you would like to restrict this- please contact Dr. Brooke at yourspecialsmiles@gmail.com. From there we can discuss what restrictions you would like to place. It is okay to reject this.

I authorize Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka to use the following personal information:

1. My picture – including photographic, motion picture, and electronic (video) images and/or
2. My voice – including sound and video recordings.

I hereby grant to Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant FHS, Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka the right to give, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.



I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Your Special Smiles PLLC, and Dr. Brooke MO Fukuoka's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

Subject Name: _____ Date : _____

Subject Signature: _____

If applicable:

Healthcare POA Name: _____ Signature: _____

Financial POA Name: _____ Signature: _____