

I understand my testimonial as outlined (the "Testimonial") and made on behalf of Smiles Unlimited may be used in connection with publicizing and promoting Smiles Unlimited. I authorize Smiles Unlimited to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize Smiles Unlimited to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Smiles Unlimited's programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against Smiles Unlimited for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness of my testimonial appears.

I hereby hold harmless and release Smiles Unlimited from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have reason of this authorization.

Signature: _____

I have read the authorization and release information and give my consent for the use as indicated above.

Print Name: _____

Signature: _____

Email: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Date: _____

Please indicate your preference/s below:

First and last name

First name, last initial

Photo

No Photo