Operative Dentistry, Inc. Unlimited Personal Release Agreement Addendum 1

I, the undersigned, as a recognizable person in the submitted image, irreversibly grant to Operative Dentistry, Inc., its officers, employees, agents, assigns, successors, licensees, and members of the Executive Board of Operative Dentistry and/or related entities, and their respective employees, agents, and representatives (collectively called "Jopdent"), the full right to create and obtain, in the past, present, and in the future, images, photographs, video, audio, interviews, and any other recordings, documents, or materials in any now known or future media, of my name, image, voice, likeness, and other items (collectively called "Recordings"). I also authorize Jopdent to copyright, adapt, edit, translate, summarize, reproduce, perform, display, distribute, publish, license, sublicense, sell, broadcast, post or stream over the internet, and otherwise use and allow others to use any and all parts of the Recordings, forever and throughout the world, in any and all manners, and in any and all forms of media that Jopdent believes suitable. I waive the right to inspect or approve such materials created and/or used by or on behalf of Jopdent pursuant to this release.

I agree that I shall have no right, title, or interest in or to the Recordings (or to any work comprising or based on the Recordings, in whole or in part), and that all right, title, and interest in and to the Recordings belongs to Jopdent. I waive any and all right to payment or other compensation arising from or related to the Recordings. I will not state or imply, or allow others to state or imply, that Jopdent approves of or endorses me or my activities. I further agree to release, defend, and hold Jopdent harmless from any claims, damages, or liabilities related to the Recordings or Jopdent's use thereof. I understand that this release is governed by the laws of the State of Indiana, USA.

By signing below, I represent that I have read this Release, understand its contents, and agree to this Release. I further warrant that I am age 18 or the age of majority (full age) in my jurisdiction – whichever is later. Those under full age should sign the section on the next page.

Name	Address	Date
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Parent/Guardian Consent:

I, the undersigned, hereby warrant and represent that I am the parent or legal guardian of the minor child named below and printed next to my name (hereafter "Youth"), that I have full authority to execute this Release on behalf of the Youth, that I have read this Release, and that by signing below I have granted this Release on behalf of the Youth. I hereby agree that I, the Youth, and all other parents or legal guardians, if any, will be bound by all releases, consents, and covenants contained in this Release. I further agree to indemnify and defend Jopdent against any and all liabilities relating to the Youth's actions in connection with the Recordings or Jopdent's use thereof.

Parent Name	Address	
Signature	Telephone	Date
Youth's Name		
Parent Name	Address	
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