



**Photo Submission Agreement- Gentle Dental Care, LLC**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date submitted \_\_\_\_\_

Description of photograph

\_\_\_\_\_  
\_\_\_\_\_

I understand that I am not participating in any form of a contest. I am willingly submitting my photograph to be displayed at the office of and possibly on the website of Gentle Dental Care, LLC, 208 N. Columbus St., Lancaster, Ohio 43130. I understand the size, location in the office, color spectrum and length of time of the display will be at the discretion of the management of Gentle Dental Care.

I understand my photo will be displayed with my name, description of the photo and number of years I have been a patient/client of Gentle Dental Care, LLC, if applicable.

\_\_\_\_\_ Please do not use my last name on the display

\_\_\_\_\_ If anyone wishes to contact me about my photography you can (circle one)

- give them my contact information as follows:

\_\_\_\_\_

- give me their contact information

I understand I will receive no compensation from Gentle Dental Care, LLC. I will receive the photograph only, which has been displayed at Gentle Dental Care, LLC when it is no longer on display at the office, as long as Gentle Dental Care, LLC is able to contact me.

\_\_\_\_\_

Signature of photograph submitter or guardian

Scan this document and email with a jpeg file of your photo submission to:  
[jamic@gentledentalcare4all.com](mailto:jamic@gentledentalcare4all.com) or you can bring them to the office on a flash drive.