

**CONSENT FOR USING PHOTOS/PHI
LICENSE OF RIGHTS**

1. I, the undersigned, hereby consent to the use of photographs and/or first name and testimonials (collectively, "treatment information") of me or my dependent by Oliv Orthodontics. or its agents, employees and/or contractors (and including for this purpose its successors and affiliates, collectively "Oliv") taken in connection with the meeting sessions ("Session(s)") described below:

Oliv clear aligner treatment records, before and after diagnostics, first name, and testimonial.

2. I hereby agree that Oliv and its affiliates may use such treatment information for advertising, marketing and/or publicity in social media, web and web banners; for training or research purposes; or for any other purpose, by Oliv and/or by any person or persons Oliv may name, in any jurisdiction, worldwide, without any time limit, commencing on the date of the Session. Such treatment information may be used as described above, in full or edited form, and may be incorporated into other treatment information or formats. I hereby exclusively license all of my rights in the treatment information to Oliv, for worldwide use, without limitation as to time. In addition, I will reasonably cooperate with Oliv in the completion of any documentation necessary to accomplish the foregoing or to recognize Oliv's rights.

3. I have all authority necessary to provide this consent, grant and license, and I am under no obligation to anyone else that would prohibit my providing this consent, and the permissions, grants and licenses above. I represent that I am 18 years or older. I agree that the consideration for my permission and license as provided herein was my participation in such meeting session, and that such consideration was and is sufficient.

Date: _____ Signature:

Print Name: _____