

I Do Opalescence Contest Patient / Bride Release Form

I, _____, in consideration of the opportunity to participate in the "I Do Opalescence Contest" (the "Contest") sponsored by Ultradent Products, Inc. ("Sponsor") do hereby enter into this Patient / Bride Release Form (the "Release Form") and agree as follows:

I grant full permission to Dr. _____ (and/or his/her staff, as applicable) ("Dental Professional") to submit to the Sponsor any information or data necessary to enable me to participate in the Contest, including, but not limited to, my contact information and photos taken in relation to the Contest ("Submissions").

By participating in the Contest, I am bound by and agree to comply with the Official Terms, Conditions, and Rules of Contest ("Official Rules") as available at www.idocontest.com and agree to be bound by the decisions of the Sponsor, which are final and binding in all matters relating to the Contest. Failure to comply with this Release Form or the Official Rules may result in my disqualification from the Contest.

I agree that Sponsor may use any part of my Submissions, without notice or further compensation, worldwide, and in perpetuity, in any and all forms of media and marketing campaigns, now known and hereafter devised, including, but not limited to, my first and last name, last initial, city, state, likeness, video, photos, voice, biographical information and statements, for any purposes of advertising, trade, promotion or publicity. Sponsor has the right to modify, edit, adapt, electronically alter, use, assign and/or dispose of such information as it sees fit and without any notice or compensation to me or any third parties. I warrant that I have the exclusive right to grant such rights to Sponsor, and that the Sponsor's reproduction, publishing, displaying, editing, modifying, retouching, altering and/or other use of the Submissions will not infringe on any rights of third parties, including, but not limited to, copyright, trademark, privacy, personal, proprietary, or publicity rights, anywhere in the world.

By participating in the Contest, I agree to release and hold harmless the Sponsor and my Dental Professional from all claims, liability or damage caused or claimed to be caused, in whole or in part, directly or indirectly, in connection with my participation in the Contest, or acceptance or use of any prize, the administration of the Contest, the operation of any website, or the Sponsor's or Dental Professional's use of any of the rights granted herein (including any claims arising out of the use of third party content). Sponsor and Dental Professional assume no responsibility for the conduct of any participant or person. In addition to the foregoing, I agree that I will not make any monetary or other claim, including but not limited to claims for defamation, invasion of rights of privacy, rights of publicity, intrusion, public disclosure of private facts, copyright infringement, physical or emotional injury or distress or any other claim or cause of action against the Sponsor arising directly or indirectly out of my participation in the Contest.

I hereby affirm that I have read the above authorization and release, prior to its execution, and fully understand the contents thereof. This Release Form shall be binding upon me and my heirs, legal representative and assigns.

Signature

Parent / Guardian Signature (if under 18)

Printed Name

Parent / Guardian Printed Name (if under 18)

Date

Date