

Name:	Date of Birth:
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Please initial and sign below:

I hereby confirm that I give my consent the digital photography of my procedure or service provided at this Medi-Spa my be used for promotional or educational purposes in the following format:

Full Face Format

E yes B l o c k e d Format

Lower Face Only Format



I hereby consent that the digital photography of my service _____ provided may be used in ___part or ___whole for educational or promotional material at this Medi-Spa.

I acknowledge that it is possible that the photos may be used in educational publications, case presentations, journals, textbooks and used in any other form or medium, including all forms of electronic publication or distribution anywhere in the world.

As a result, I understand that the general public may see the material. All or part of the material may be used in conjunction with other photographs, drawings, images of other forms of illustration. I understand that I may request to have every effort made to conceal my identity, however, full confidentiality is not guaranteed.

I understand that I may view the material by arrangement with the Medi-Spa, however, once the material has been released, I realize the recovery of the material may not be possible.

I also understand that this Medi-Spa is not responsible for any expenses or liability incurred as a result of my participation in this photo release, including medical expenses due to any sickness or injury incurred as a result.

I confirm that the purpose for which the material may be used has been explained to me and I acknowledge that I understood.

I understand that refusal to consent will in no way affect my service care at this Medi-Spa.

I am of legal age (over 18). If not my guardian will sign on my behalf.

By signing below I agree with the above informed consent, I have read and understood the foregoing statements and I am competent to execute this agreement.

Print name of Client or Legal Guardian

Signature of Client or Legal Guardian

Date

Print name of Service Provider

Signature of Service Provider

Date