



## PHOTOGRAPHY RELEASE FORM

I, the undersigned, hereby give Beyond Beauty Medical Spa and its agents permission for use of the photographs that they have taken of me before, during and after treatment.

(1) To copyright the same in their name or any other name that they may choose.

(2) To use and publish the same in whole or in part, individually or in conjunction with other photographs, in any medium for any purpose, including art, illustration, promotion, advertising or trade.

(3) It is understood that the use of the photographs is for illustrating a medical procedure and demonstration of treatment outcomes. It is also understood that the use of the photographs will in no way reveal patient identity.

I hereby certify and represent that I am over 21 years of age.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I do not give my consent for release of any Photographs taken of me while under the care of Beyond Beauty Medical Spa.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_