



## Weight Management

### Consent For Use of Photography, Video and Other Images

I, \_\_\_\_\_ grant Incredible Family Health & Wellness the right and permission to use images of me for the following purposes:

- For use in my chart for medical purposes only and **NOT** for marketing purposes
- I approve for my images to be used on social media and company website
- I approve for my images to be shown to clients & potential clients for Before & After results
- I approve for my images to be used for marketing purposes **ONLY** with my face hidden.

By signing this form, I give Incredible Family Health & Wellness the right and permission to use my images, video, or photographs of me for the purpose selected above. I release Incredible Family Health & Wellness from harm or detrimental consequences that may be experienced as a result of usage of these images in these ways. I release my images from all confidentiality requirements as agreed above.

I make these statements voluntarily and agree that all information contained herein is accurate. I understand that my image may be used in marketing and other activities without limit unless my selections above restrict usage.

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

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