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**Social Media Video & Image RELEASE FORM &** **Authorization to Release and Disclose Photographs**

By signing this release form, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily consent and authorize Brandy Marie Family & Aesthetic Care & its associates to the copyright publication and use of my picture and likeness by Brandy Marie Family & Aesthetic Care and its affiliates, successors, and assignees and the use of the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images.

(2) My voice – including sound and video recordings.

(3) This photographic release pertains to photographs taken following treatment(s).

\_\_\_\_\_\_\_\_\_\_ (initial) I hereby grant to Brandy Marie Family & Aesthetic Care and its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, pictures of me in film or electronic (video) form, sound and video recordings of my voice , and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, all social media sites such as, but not limited to Facebook, Instagram, Snapchat, Twitter, YouTube, and media such as cable and broadcast television and the internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever and cannot be revoked.

\_\_\_\_\_\_\_\_\_\_ (Initial) I further grant all right Brandy Marie Family & Aesthetic Care, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Brandy Marie Family & Aesthetic Care the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

\_\_\_\_\_\_\_\_\_\_ (Initial) I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Brandy Marie Family & Aesthetic Care use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve the finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use to which it might be applied.

I agree that any pictures taken of me are usable for teaching or publication purposes unless I notify the practice in writing that my photographs are not to be used. I agree that this constitutes full disclosure and that it supersedes any verbal or written disclosures. I understand that if the pictures have already been published, that their use cannot be undone and that disclosures only can apply for any future or new use.

I hereby release Brandy Marie Family & Aesthetic Care, from a claim demand, cause, action or proceeding of whatever nature arising out of publication and distribution of the said photographs in accordance with the terms.

I understand that once my photographs have been disclosed to Brandy Marie Family & Aesthetic Care, the photographs will no longer be protected by federal privacy laws. However, Brandy Marie Family & Aesthetic Care will not use the photographs except as permitted on this authorization form. I understand that I will be given a signed copy of this form if I desire.

I acknowledge that I have read the foregoing and fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Patient Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_