

BODY SCULPTING

Official Photo Release Form

I understand that before and after photos are required for liability and legal purposes. I authorize my before and after photos and videos to be taken and used in/or for all promotional material to be showcased in, but not limited to, Social Media Posts, Newsletters, Websites, Marketing Campaigns, and other print and digital campaigns, without payment or any other consideration. This authorization is in effect indefinitely.

I, _____, of legal age, grant permission to _____ to use my photos in its digital ad campaign, which includes digital and print media.

I may request that all photos are approved by me prior to use. By signing this form, I am agreeing to the release of my photos for commercial use.

Patient's Printed Name _____

Patient's Signature _____

Date Signed _____