**PHOTO/VIDEO** **RELEASE WAIVER FORM**

I understand that (YSE) will take photos/ videos before and after the service is complete.

I hereby grant the release permission to use photographs in any of the following:

* **Website or web-based publications**
* **Print Advertisements**
* **Social media posts**

**CHECK ALL BOXES BELOW, SIGN & DATE.**

* **I hereby affirm that such release to the release does not constitute any form of compensation, including royalties, arising from photographs, to my benefit. I give permission for my photograph(s) to be used within business location for display/ educational purposes, social media pages, and/ or website.**
* **I understand and agree that photographs in the possession of the release shall become the property of the release. The use and publication of the photographs however shall conform to my rights as a subject of said photographs.**
* **I hereby waive my right to inspect or approve the photographs by which my likeness appears. I give permission for my photograph(s) to be used within other printed publications.**
* **I hereby hold harmless, release, and forever discharge the from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may by reason of this authorization.**

**ESTHETICIAN: DATE: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**NAME: Odette Young**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT: DATE: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By my signature below, I acknowledge that I have read and fully understand this agreement and all the information detailed above.