



Disclosure of this type of protected health information is for the purpose of clinical education, advertising, and marketing, and/or in any other capacity deemed appropriate by THE YOUNG EXPERIMENT LLC for the advancement of aesthetic medicine, clinical research, or educational viewing by other aesthetic professionals, and in the promotion of aesthetic medicine and/or a partnership technology platform.

CLIENT NAME (PRINT):

I hereby authorize THE YOUNG EXPERIMENT LLC to disclose progress photos, audio content, video content, and/or pertinent client data and related textual information such as testimonials, clinical discussions, or treatment information including descriptions with my legal name unless otherwise stated.

By initialing the boxes below, I am confirming my understanding and agreement with the corresponding statements.

_____ I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to at least one of the following:

Practice Address:	THE YOUNG EXPERIMENT LLC	
	8215 SW Tualatin Sherwood Road, Suite 100	
	Tualatin, OR 97062	
Practice Owner:	Jennifer Loria	jloria@theyoungexperiment.com
Practice Manager:	Rex DeMello	rdemello@theyoungexperiment.com

_____ I agree to allow the recording of my image and/or voice (e.g. photographs, audio recordings, or video recordings), which will now be referred to as my "recorded media content."

_____ I agree that this authorization extends to all languages, media formats, and markets now known, or later discovered.

_____ I agree to the distribution of my recorded media content in any medium, be it print or digital form, which may include internet sites and social media platforms.

_____ I grant permission to THE YOUNG EXPERIMENT LLC to reproduce my recorded media content for marketing or educational purposes worldwide.

_____ I waive the right to royalties or other compensation arising from or related to the use of my recorded media content.

ADDENDUM: SOCIAL MEDIA AUTHORIZATION

I authorize THE YOUNG EXPERIMENT LLC to use and share my photographs, videos, testimonials, and related content on social media platforms (e.g., Instagram, Facebook, TikTok, YouTube, LinkedIn) for promotional, marketing, and educational purposes.

I understand that:

- Social media posts are publicly accessible and may be shared beyond the original post by others outside of the control of THE YOUNG EXPERIMENT LLC.
- No compensation will be provided for the use of my content.
- I may revoke this authorization in writing at any time, but revocation will not affect posts made prior to the date the written notice is received.

ADDENDUM: WEBSITE USE AUTHORIZATION

I authorize THE YOUNG EXPERIMENT LLC to use my photographs, videos, testimonials, treatment information, and/or related content on its official website for the purpose of marketing, education, and promotion of esthetic services.

I understand that:

- Content posted on the website may be viewable by the general public.
- I may revoke this authorization in writing at any time; however, revocation will not apply to website materials already published at the time the revocation is received.

OPTIONAL: LEGAL NAME USEAGE

I am requesting to use a preferred (fictitious) name to help protect the privacy of my personal health information. Please refrain from using my legal name in any marketing, communications, or promotional materials.

My chosen name is:

_____.

By signing below, I am indicating that I have read and understand the Recorded Media policy, and my questions have been answered to my satisfaction. I am either the client or have the authority to give consent for the client. I hereby hold harmless and release THE YOUNG EXPERIMENT LLC from all liability, petitions and causes of action which I, my heirs, representatives, executors, or any other persons may make while acting on my behalf, or on behalf of my estate.

Client Name (Print): _____

Client Signature: _____

Date: _____

Provider Signature: _____

Date: _____