



Photo/Video Release Form I,

_____ (please print), grant permission to Elle Med Spa and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Elle Med Spa and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am

over the age of 18

the legal guardian of the following If legal guardian of model(s),

please list name(s) here:

Name(s): _____

Signature: _____ Date: _____

Address: _____