T&T MEDSPA
WELLNESS FOR YOUTHS AND ADULTS

Photo and Video Release Form

I, hereby give my permission to (**physician/Company**) _____ and his/her employees, or any person, firm or organization that he/she may designate to take photographs, digital images and/or videos of me (**patient name**) _____ or if applicable my (**son/daughter name**) _____

This consent includes the use of such photographs, images or videos without my name for procedure evaluation, patient discussion and medical educational purposes regarding the aesthetic procedure. Additional acceptable uses for such images and videos are initialed below.

1. Photo book _____
2. Website or social media sites _____
3. TV broadcast _____
4. Digital/print article or publication _____
5. Advertisement _____

_____ _____
(Patient Name) (Name of Parent/Guardian if applicable)

_____ _____
(Signature) (Date)

_____
(Witness Name)

_____ _____
(Witness Signature) (Date)

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FACE + BODY AESTHETIC SOLUTIONS