

**Embody ink**

**Photo Consent Form**

**Client's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Procedure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Procedure Type(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At **Embody ink**, we take pride in the artistry and results we create. To help us showcase our work and improve our services, we request permission to use photographs of your permanent makeup procedure. The images will be used for **educational, marketing, social media, promotional materials**, and **website** purposes.

By signing below, you acknowledge and give consent for **Embody ink** to take and use photographs of your procedure, including before and after images.

**Consent for Use of Photographs:**

I, the undersigned, hereby give my permission for **Embody ink** to use photographs of my permanent makeup procedure, which may include close-ups of my face and/or other areas treated. These images may be used for the purposes of marketing, advertising, promotional content, social media posts, and for the studio’s website. I understand that these images may be shared publicly.

I agree that the images may be edited, reproduced, or otherwise used by **Embody ink** without any further permission from me. I acknowledge that no compensation or payment will be provided to me for these images.

I understand that I have the right to withdraw my consent at any time, with a written notice to the studio, and that withdrawal will apply only to future usage of photos, not those already distributed.

**By signing this consent form**, I affirm that I have had the opportunity to ask questions, and I understand the terms and conditions outlined above.

**Client's Information:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Studio Use Only:**

* **Artist’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Photo Session:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Consent Received:** Yes / No
* **Photo File Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Photos may be used anonymously (without identifying information) or with your consent to feature your name, based on your preference. If you would like to remain anonymous, please indicate that when you sign the form.