**Sister Brows Ltd**

**Photo Consent & Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to the following. I am allowing Sister Brows Ltd. or delegated photographer to take photos of my treatment and/or treated areas to be used to the purpose of monitoring my progress.

In addition:

* I give permission for my photos to be used for education. \_\_\_\_\_\_\_\_\_\_\_ ( initial)
* I give permission for my photos to be used for advertising. \_\_\_\_\_\_\_\_\_\_ ( initial)
* I give permission for my photos to be used on the Sister Brows Ltd. website/social media.\_\_\_\_\_\_\_ (initial)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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