



Photo Copyright Release Form

I, _____ (full name), grant Posh Derma Med Spa NY permission to reproduce any photo images taken of me for the sole use of advertising publications. I am aware photos taken of me may be or could be used but not limited to, for the purpose of promotion, advertising, publications, internet use, trade, or in any manner or in any medium.

I acknowledge that I am over the age of 18. Please select option below with initials.

- I do grant Posh Derma Med Spa permission to reproduce or take any photos of me. _____ (initials)
- I do not grant Posh Derma Med Spa permission to reproduce or take any photos of me. _____ (initials)

Signature

Date