CLIENT PHOTO/ VIDEO CONSENT RELEASE FORM

To showcase treatments and impressive before and after results

I, _____(**please print**),

grant permission to ***SWEET REVENGE…on aging skin!*** and it's employees the irrevocable and unrestricted to reproduce the photographs and/or video image taken of me, or members of my family, for the purpose of publications, promotions, illustrations, advertising, or trade, in any manner or in medium. I hereby release
SWEET REVENGE…on aging skin! and it's legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statement that were given during client consultation, with or without my name, for the purpose of advertising and publicity without restriction, I waive my rights 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: _____

NOW LET'S GET EVEN…

Skin Care by Sweet Revenge…on aging skin!