

PHOTO CONSENT AND RELEASE

Form

I, _____, hereby consent to the following. I authorize **Brandy Paschall Massage & Esthetics** or a delegated photographer to photograph my treatment and/or treated areas for the purpose of tracking my progress.

Additionally:

I grant permission for my photographs to be used for educational purposes.

I grant permission for the use of my photographs in advertising.

I grant permission for my photographs to be used on the YOUR BUSINESS NAME website.

My identity will be kept private at my request.

My photos will only be used for my chart, per my request.

Client Name (printed)

Client Signature

Date