



## Photography Release and Consent Form

### Clinical/Medical Consent

I \_\_\_\_\_ grant my permission for the use of photographs, videos or case information for the following clinical purposes as indicated by my initials below:

\_\_\_\_\_ I understand that these photographs, videos or case information are for clinical use and review by True Med Spa.

\_\_\_\_\_ I understand that such consent is voluntary.

\_\_\_\_\_ I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from True Med Spa.

### Marketing/Educational Consent

I \_\_\_\_\_ grant my permission for the use of photographs, videos or case information for the following clinical purposes as indicated by my initials below:

\_\_\_\_\_ I understand that such photographs, videos or case histories may be published by True Med Spa and/or any party acting under their license and authority in any print, visual or electronic media including, but not limited to, training manuals, presentations and teaching courses, books, magazines, and internet websites, for the commercial, non-profit and/or educational purpose of informing others about non-surgical aesthetic treatment methods.

\_\_\_\_\_ I release and discharge True Med Spa and all parties acting under their license and authority from all rights that I may have in the photograph, and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs.

\_\_\_\_\_ I understand a copy of this consent may be supplied with the images to any third party wherein they may be published or presented. Neither I, nor any member of my family, will be identified by name in any publication.

\_\_\_\_\_ I understand that in some circumstances the photographs may portray features, which shall make my identity recognizable.

\_\_\_\_\_ I understand that I have the right to revoke this authorization in writing at any time, but if I do so it won't have any effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire twenty years from the date written below.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I have read the above Authorization and Release.

### In the Case of a Minor

I am the parent, guardian, or conservator of \_\_\_\_\_ a minor. I am authorized to sign on his/her behalf and I give this authorization as a voluntary contribution in the interest of public education.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date