



Beauty By Design, LLC

910-399-8799

## Photo Consent & Release Form

I, \_\_\_\_\_, do hereby agree to the following. I am allowing Beauty By Design 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 Beauty By Design website. \_\_\_\_\_ (initial)

At my request, my identity will remain anonymous. \_\_\_\_\_ (initial)

At my request, my photos will only be used for my chart. \_\_\_\_\_ (initial)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_