

**PHOTOGRAPHIC CONSENT AGREEMENT AND RELEASE**

This Agreement made this \_\_\_\_ day of \_\_\_\_\_ by and between \_\_\_\_\_ (hereinafter, "Client") and (Practitioner's Name), both personally and as the legal representative of Clinic Name (hereinafter, individually and collectively, "Practitioner's Name");

WHEREAS Client desires to have medical/clinical esthetic services performed by Practitioner's Name, and \_\_\_\_\_

WHEREAS Practitioner's Name desires to photograph Client before and after rendering medical/clinical esthetic services, and use said photographs for one or more of the purposes set forth below,

NOW THEREFORE, in consideration of the clinical/medical esthetic services provided to Client by Practitioner's Name, the fees paid by Client to Practitioner's Name, and other good and valuable consideration, the receipt of which his hereby acknowledged, the parties hereto agree as follows:

Client agrees to allow Practitioner's Name to take "before and after" photographs of Client, and to use said photographs for any purpose initialed below:

- \_\_\_\_\_ Educational presentations and public lectures
- \_\_\_\_\_ Clients patient file
- \_\_\_\_\_ Photographic portfolio of representative results to be shown to other clients.
- \_\_\_\_\_ Promotional literature, public relations, educational materials and advertising materials in all media, now existing or to be invented in the future, including but not limited to books, magazines, newspapers, films, videos, television, the Internet and other media.

Notwithstanding the above, Client agrees to allow Practitioner's Name to use photographs of individual features (e.g., lips, scars, areas of treatment) without restriction.

Practitioner's Name further agrees not to use Client's name together with Client's full-face photograph(s) without separate express, written consent.

Client does hereby release Practitioner's Name, now and forever, from any liability or claim for damages resulting from the above-authorized use of said photographs.

This agreement and release shall inure to the benefit of Practitioner's Name and Client, and to their heirs, agents, successors and assigns.

Clinic Name

by \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner's Name

Client \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Note: Digital photos are nice, but in any legal situation you will need regular photos with dates)