

MODEL RELEASE FORM

I grant permission to RENEW Medical Aesthetics to use my image(s) without any compensation to me (photographs and/or video) for use in Media publications including:

Please initial:

<input type="checkbox"/>	Website	Full Face	<input type="checkbox"/>
<input type="checkbox"/>	Email	Cropped Face	<input type="checkbox"/>
<input type="checkbox"/>	Instagram/FB	Specific Area	<input type="checkbox"/>
<input type="checkbox"/>	Educational/Training Purposes	NO CONSENT	<input type="checkbox"/>

Please initial each statement and sign below:

_____ I understand that my name will not be included and that my full identity will not appear in the photographs and/or videos.

_____ I have read this before signing below and I fully understand the contents and meaning of this release.

_____ I am 18 years of age or older and I am competent to contract in my own name.

X _____ Date: _____
Client/Patient Signature

Print Name

