Photograph Consent and Release

How to use this form: print it, or type into it on screen and then print it. Sign it by hand and **bring it to your appointment**. Please do not email a completed form: it contains private health information. Questions? Call us at (808) 546-9544.

1314 S. King Street, #604 Honolulu, HI 96814 (808) 546-9544 WWW.Jenmedicalaesthetics.com

Full Name

Date of birth (MM/DD/YYYY)

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I hereby acknowledge that I have been advised that photographs and/or videos will be taken of me or part of my body before, during, and after the treatment(s). The photographs will be taken by one of the members of Jen Medical Aesthetics Beauty & Wellness. I hereby give my consent to Jen Medical Aesthetics Beauty & Wellness to use the photographs under the following circumstances. Photographs taken of me or parts of my body as well as details regarding my treatment(s) that I have received at Jen Medical Aesthetics Beauty & Wellness can be used by the company for the purpose of informing the public about this treatment(s). Further, I release and discharge Jen Medical Aesthetics Beauty & Wellness, any employees of Jen Medical Aesthetics Beauty & Wellness, and all parties acting under their license and authority, from all claims or action that I have or may have relating to such use and publication, and all rights, if any, that I may have in such photographs and details regarding medical services rendered me, including any claim for payment, in connection with any such use or publication. I give my consent as a voluntary contribution in the interest of public education. This is applicable for the below:

- ☐ Internet & social media. This includes but is not limited to the company's website, Instagram, Facebook, Twitter, etc.
- ☐ Other Media: This includes but not limited to any print or broadcast media, such as newspapers, pamphlets, brochure, educational films, social media, and television, to inform the public about specific treatment(s).

By signing this form, I acknowledge my consent as initialed above, and I further recognize that this consent form will supersede any other photo consent forms with a date prior to the date written below. This consent may be revoked at any time by written request or by completion of a new form.

Signature (sign by hand)

Date (MM/DD/YYYY)