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MEDIA RELEASE & CONSENT FORM

I, **[Client's Name]**, authorise **[Business Name]** and its representatives to photograph, videotape, and/or record my likeness and voice. I grant permission for these images, videos, and testimonials to be used for promotional, marketing, and educational purposes, including but not limited to:

- **Websites and social media**
- **Printed materials and advertisements**
- **Educational resources and broadcasts**

I understand that:

- **These materials may be used in various media formats, including print, digital, and broadcast.**
- **My face and/or body (where treatments were performed) may appear in promotional and educational content.**
- **The materials may be shared publicly without prior review or approval from me.**
- **I will not receive any compensation or royalties for the use of these materials.**

I release **[Business Name]** and its representatives from any claims or liability related to the use of these materials.

Age Verification:

I confirm that I am at least 18 years old and have the legal authority to provide this consent. If under 18, a parent or guardian must sign on my behalf.

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this consent form.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(if under 18)