



## Photo Release Form

Please be informed that all Weight Reduction treatments must be completed entirely before any enhancement treatments can be performed.

\_\_\_\_\_ I agree to allow my photos taken to be used for social media and marketing purposes.

\_\_\_\_\_ I decline and only want my photos to be used for recording my results of treatments.

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

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

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

Technician Signature: \_\_\_\_\_