



PHOTO CONSENT & RELEASE FORM

I, the undersigned do hereby agree to the following: I am allowing Renew Day Spa or a staff member to take photos of my treatment and/or treated areas to be used for the purpose of monitoring my progress.

In addition: I give permission for my photos to be used for education. _____ (please initial)

I give permission for my photos to be used for advertising. _____
(please initial)

At my request, my identity will remain anonymous. _____ (please initial)

At my request, my photos will only be used for my chart. _____ (please initial)

Print Name:

Signature: _____

Date: _____

