

**The Spa at Spring Ridge
2603 Keiser Blvd Suite 202
Wyomissing, PA 19610-3341**

**AUTHORIZATION FOR AND RELEASE OF
MEDICAL PHOTOGRAPHS/SLIDES/ AND/OR VIDEOTAPES**

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your aesthetician.

INTRODUCTION

Medical photographs/slides and videotapes may be taken before, during, or after a facial or laser procedure or treatment. Consent is required to take such images.

Additionally, patients may consent to release these photographs/slides, and videotapes for a stated purpose.

1. CONSENT TO TAKE PHOTOGRAPHS or VIDEO

I hereby authorize The Spa at Spring Ridge to take pre-treatment, intra-treatment, and post-treatment photographs or video. I additionally consent to photographs or video of my interview or testimonial.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS or VIDEO

I hereby authorize The Spa at Spring Ridge to use pre-treatment, intra-treatment, and post-treatment photographs or video for professional purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images, my interview and / or testimonial.

Date:

Client Signature:

Witness: