

Photo & Video Release Form

I, _____, grant permission to the Laser Skin & Wellness Center for the use of photograph(s), video(s) or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying a staff member of the Laser Skin & Wellness Center in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

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