

PHOTO RELEASE

For the value received and without further consideration, I hereby assign _____ all rights, title and interest in and to all photography, picture or images that were taken of me in which I may be included with others.

I understand and acknowledge that _____ will have the right to (a) use, adapt, modify, reproduce, distribute, publicly perform and display and create derivative of the photos, either alone or in combination with other materials in any medium or technology now know or hereinafter created and for any purpose whatsoever, and (b) register and copyright that encompasses the photos in _____ name.

I also grant _____ to perpetual and irrevocable right to use, reproduce and distribute, and publicly perform and display my name, likeness and biographical material in connection with the photos.

I hereby release, waive and discharge _____ from any and all claims and demands arising out of or in connection with the use of photos and my name, likeness, and biographical material, including without limitation and all claims for defamation, infringement of copyright right publicity, moral rights to invasion of privacy. I represent that I (a) am at least 18 years of age and have right to contract in my own name. This release will be binding upon me and my heirs and legal representatives.

Purpose of this photo _____

Patient / Patient Signature *Date*

Patient Address *City* *State* *Zip*

Esthetician/Tharapist Signature *Date*

Witness *Date*