

IMAGE PERFECT LASER

Dermapen

Photography/Video Release

TREATMENT MODEL CONSENT FORM

As part of your treatment we will be photographing the treatment area of your body/face (and in some cases, filming the treatment process). This will allow us to visually monitor your individual progress and see the results of your treatment over time. We would appreciate your willingness to share your outcomes and results with others, for both training and marketing purposes within the beauty, cosmetic and aesthetic industry. In all cases we will do everything we can to keep your identity anonymous.

With this form I, (participant's name) _____ give my full consent for all photographs/footage captured before, during and after my treatment by, Image Perfect Laser, Inc. to remain the property of the clinic and the aesthetic equipment supplier Dermapen. With this consent, I give permission for the images/footage (if they are to be selected) to be used in the following and similar materials:

(Please pick one or both preferences)

- Marketing and advertising for either the clinic or Dermapen to be used on company websites, in-clinic waiting room materials or other such industry media channels. Examples are product/treatment brochures, clinic advertising material and information made available to other clients interested in the treatment.
- In training purposes, educational material for the clinics, Dermapen and internal use only. Such as user product manuals, educational charts and industry communications.

Patient's signature: _____

Date: _____

Operator's signature: _____

Date: _____