



Photo and video release form

I _____ hereby give permission for any photos, videos, or audio that are taken of me to be used in and/or for any lawful promotional materials, such as but not limited to newsletters, flyers, posters, brochures, advertisements, press kits, websites, social media pages, and other print and digital communications.

All now known and subsequently developed languages, media, formats, and markets are included in this authorization, which is perpetual.

I renounce all claims I may have to royalties or other forms of payment resulting from or connected to the use of the image or sound recording.

I understand and agree that these materials shall become the property of Henderson Med Spa and will not be returned.

All claims that I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate may make. I thus hold them harmless and release them from any claims that they may bring. _____

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement.

Client Name (printed)

Client Name (signature)

Date: _____