

PHOTO CONSENT

I hear-by consent for photographs to be taken of me. I understand that the photograph(s) will be used for education or promotional purposes, in any type of media, including the web.

I understand that I will not receive payment for providing this authorization unless agreed to prior to the use of the photograph(s).

Client Name (Print) _____

Client Signature _____ Date _____

Esthetician _____ Date _____

If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$50 for the first appt, \$75 thereafter _____ (initial)
