

## PHOTO CONSENT FORM/1

My signature below constitutes my acknowledgment that:

I understand that photos will be taken of the area of the body to be treated to show the condition of the skin at time of this signing and the degree of improvement from treatments that I have given my full consent and authorization to have.

All photos become the property of and may be used by NuYu Aesthetics™ Med Spa or its agents/owners for advertisement purposes. In the event we use your photos for any advertising purposes, your identity and identifying features will be concealed. By my signature below I agree that I understand and accept this statement.

This document will not need to be signed for each photo, or photo series.

Patient:

\_\_\_\_\_

Printed Name (please print clear and neatly)

Date:

\_\_\_\_\_

Month/Day/Year

\_\_\_\_\_

Patient's Signature

Date:

\_\_\_\_\_

Month/Day/Year

Guardian- (Regarding patients under 18 years of age):

\_\_\_\_\_

Legal Guardian's Signature  
(If patient is under 18 years of age)

Date:

\_\_\_\_\_

Month/Day/Year

Relationship to Patient \_\_\_\_\_