



MEDIA CONSENT AND RELEASE FORM

I, _____, hereby agree to the follow. I am allowing the licensed esthetician, AliciaDion Beauty, and the institution, AliciaDion Beauty, LLC.® to take photos/videos of my treatment and/or treated areas to be used for the purpose of monitoring my progress. In addition:

1. I give permission for my photos/videos to be used for education. No Yes Client Initials _____
2. I give permission for my photos/videos to be used for office use. No Yes Client Initials _____
3. I give permission for my photos/videos to be used for advertising. No Yes Client Initials _____
4. I give permission for my photos/videos to be used on social media. No Yes Client Initials _____

At my request, my identity will remain anonymous. Client Initials _____

Client Name (Printed): _____ Date: _____

Client Name (Signature): _____ Date: _____