



# Photography Release Form

- Please be advised that your photographs may be used for clinical, marketing, or educational purposes.
- Pure Bliss will not release any personal or identifying information (name, address, phone number, etc) with these photos.
- Pure Bliss will ensure that your identity is covered to the best of our ability (eyes covered, cropped photos, etc) but you must understand that in some circumstances the photos portray features, which may make my identity recognizable.

I understand that my photographs may be used for CLINICAL, MARKETING, or EDUCATIONAL purposes and that Pure Bliss Medical Spa will protect my identity when using my photographs for these reasons.

I understand that I can revoke this authorization at any time, but if I do not revoke the authorization, it will expire in ten years from the date signed.

\*\*\*If you do NOT want your photos on social media, please let us know\*\*\*

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_