



PHOTOGRAPHIC CONSENT

Along with your Cosmetic Acupuncture or Metabolic Acupuncture treatments we will take before and after photos of your face, neck, and/or abdomen. The purpose of before and after photos is to document the progress of the treatment. This can also be a helpful tool for demonstrating to prospective patients the potential results of Cosmetic Acupuncture or Metabolic Acupuncture treatments.

By signing below, I hereby authorize the use of photographs, prints, and other reproductions taken and/or created by Beautiful Ama, LLC and/or its representatives as follows. I expressly agree that any of the following may occur without any compensation to myself or other parties. I understand that neither Beautiful Ama, LLC nor any of its representatives shall be liable in any way to me or other parties for the distribution of photographs, materials or documents as described herein. I understand that all costs incurred by Beautiful Ama, LLC to request compensation due and owed to them by me or to enforce any provision of this Consent, including but not limited to, collections fees, attorneys fees, and court costs are my sole responsibility.

I authorize the use and incorporation of such photographs into other documents and media, including but not limited to pamphlets, displays, portfolios, internet and websites, literature, and publications, and further authorize the distribution, dissemination, and publication of such documents and media for any purpose, including but not limited to marketing, advertising, commercial use, and internet use by Beautiful Ama, LLC and/or its representatives. I grant Beautiful Ama, LLC an irrevocable, nonexclusive, royalty-free, retroactive license to redistribute or republish photographs in any type of media or in any form.

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Please read the following carefully and initial the statement to which you consent.

_____ I consent to have my pictures taken for before and after comparison purposes. I consent to have the pictures used in printed or online materials. I understand that every effort will be made to disguise my identity and my name will not be disclosed without written permission.

_____ I consent to have my pictures taken for before and after comparison purposes. I do not consent to have the pictures used for advertising or publication.

_____ I consent to have my name used as follows: _____

Patient Name: _____

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____