

Image Release Form

STILL & MOVING IMAGES RELEASE

I, _____, give RoseBay Medi Spa and it's associated businesses ("Service Provider") my unreserved permission for all still and moving images taken or recorded by or on behalf of or made available to my Service Provider, of me, including before and after pictures of my procedure, to be used in one of the areas below:

(Check and initial all that apply)

Internally for review and feedback only Used in any or all of the promotional and advertising material of my Service Provider; and/or Provided to any third party, including but not limited to media organisations and my Service Provider's partners, for their use as they see fit.

The images may be used in various media formats including online media, social media, print newspaper, video, public displays, television and electronic means of communication and in any edited form.

I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the Images. If I wish to withdraw permission for Images to be used, I must so inform my Service Provider in writing.

I understand that if I withdraw permission for the images to be used, my Service Provider will cease any future new publication or use of the images, but for several years the images may appear in printed and electronic material which has already been produced or disseminated.

I understand that my Service Provider will make all reasonable efforts to ensure that any use of the images by my Service Provider or third parties respects and protects those whose images are recorded; and will manage and use Images owned by my Service Provider appropriately.

I release my Service Provider named above, its employees and agents from any liability (including consequential loss) connected with the publication, reproduction, release or any other of these materials, and for any failure by either my Service Provider or by any third party to comply with the terms of this release.

Client Signature

Date

Client Printed Name

Parent / Guardian Name (if under 18 years of age)

Date