



Patient Name _____

I hereby consent to, and authorize the use by The Peel Studio LLC of the specified microblading photographs and/or video; that is, photographs taken before, during and after my microblading procedure.

I understand that my identity will be protected and neither my full face nor my name will be used in conjunction with the photographs and/or video.

The Peel Studio LLC has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that The Peel Studio LLC requests to be used and it is understood that these photos may be used on The Peel Studio LLC web site, social media accounts (Facebook, Instagram), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify The Peel Studio LLC in writing and allow 30 days to accomplish this removal.

I now release The Peel Studio LLC, and anyone authorized by The Peel Studio LLC, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

CLIENT NAME _____

CLIENT SIGNATURE. _____ DATE _____

TECHNICIAN/WITNESS SIGNATURE _____