

FERNANDA BODY AESTHETICS

PHOTO & MEDIA CONSENT (SOCIAL MEDIA RELEASE)

This agreement authorizes Fernanda Body Aesthetics to take and use photographs and/or videos of the client for documentation and marketing purposes.

By signing below, the client acknowledges and agrees to the following terms:

PURPOSE OF PHOTOGRAPHY

I understand that photographs and/or videos may be taken before, during, and after my body sculpting treatments for the purpose of:

- Documenting my treatment progress
 - Medical and professional record keeping
 - Educational use within the clinic
 - Marketing and promotional purposes, including social media, website, advertisements, and promotional materials
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AUTHORIZATION FOR USE

I hereby give Fernanda Body Aesthetics permission to use my photographs and/or videos, which may include images of my body, for:

- Instagram, Facebook, TikTok, and other social media platforms
- Website content
- Before and after galleries
- Advertising and marketing materials
- Educational or promotional content

I understand that my identity may be partially or fully visible unless otherwise specified below.

CONFIDENTIALITY OPTIONS

Please select one:

☐ I give FULL permission for my photos/videos to be used publicly for marketing purposes.

☐ I give LIMITED permission (no face, cropped images, or body-only photos).

☐ I DO NOT consent to any use of my photos or videos for marketing purposes (medical records only).

COMPENSATION

I understand that I will not receive any financial compensation for the use of my photographs or videos.

RIGHT TO WITHDRAW

I understand that I may request the removal of my images from future marketing materials at any time by submitting a written request. I understand that previously published content may not always be fully removable from all platforms.

RELEASE OF LIABILITY

I release Fernanda Body Aesthetics, its owners, employees, and representatives from any claims, demands, or liability related to the use of my photographs or videos as authorized in this consent.

CLIENT INFORMATION

Client Name (Print): _____

Signature: _____

Date: _____

PROVIDER INFORMATION

Provider Name: _____

Signature: _____

Date: _____