Progressive Laser LLC

"Science enhancing Beauty..."

***Photo Release Form***

Permission to Use Photograph(s) and videos taken during treatment.

Date:

Professional Providers Location: 565 Hooper Rd, Endwell NY 13760

I grant Progressive Laser LLC, its representatives, employees, providers and clients the right to take photographs on me and my property in connection with the above-identified subject. I authorize Progressive Laser LLC its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Progressive Laser LLC and its affiliates may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

**Client Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**