

Client Consent to be Photographed

Date: _____

Client Name (Printed): _____

I consent to the reproduction and use of my photo(s) (without identifying client name or marks), with the consent of the producing agent(s), Aesthetic Ink, LLC and November Pozzi ONLY. Consent shall involve the use of my photos for any educational purposes, including instruction, display to professional organizations, websites, social media and advertising thereof.

This consent, as stated above, shall be a continuing consent for all procedures, past, present & future. Written notice must be received from the client asking to discontinue use. (60 days written notice required)

I give Aesthetic Ink, LLC. and November Pozzi permission to use my photo/s as marked below.

Full Face _____ Initials

Eyebrows w/Eyes Only (MUST INITIAL) _____ Initials

Eyeliner _____ Initials

Lips _____ Initials

Micro-Needling
Full Face, Eye area,
Cheeks, Neck, Chest,
Arma, Peri-Oral, Lips _____ Initials

Breasts _____ Initials

Scalp _____ Initials

Client's Signature: _____ Date _____

Instructor/Technician: _____ Date: _____