

Model Release Form

In consideration for treatment received, I hereby grant permission to RENEW Medical Aesthetics to use my image without any compensation to me (photographs and/or video) for use in Media publications including:

(Check All That Apply)

Website **Email Blasts** **Brochures** **Instagram/Facebook**

I understand that my name will not be included and that my full identity will not appear in the photographs and/or videos.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

X _____
Client Signature

Date: _____

X _____
Printed Name



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