

Photo Release Form

New Heights MedSPA

5607 Kansas St.

Houston, TX 77007

Permission to Use Photograph

I grant to New Heights MedSPA, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize New Heights MedSPA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that New Heights MedSPA 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:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____

(if under age 18)