

## CONSENT FORM

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I \_\_\_\_\_ hereby authorize Michele Graham or another representative of Sublime Body Medical Spa to use my photo and/or information related to my experiences with Sublime Body Medical Spa, LLC. I understand this information may be used in publications, including electronic publications, social media, audiovisual presentations, promotional literature, advertising community presentations, letters to area legislature and media and/or other similar ways. I also understand that under no circumstances will any confidential information be released, including but not limited to, address, information, date of birth, or health history. This release is only authorization of picture/video and my name, if preferred.

My consent is freely given as a public service to Sublime Body Medical Spa, LLC, without expecting payment. I release Michele Graham and Sublime Body Medical Spa, LLC and their respective employees, officers and agents from any and all liabilities which may arise from the use of such news media stories, promotional materials, written articles, videotaping, and/or photographs.

I prefer that:

- My complete name be used
- Only my first name be used
- No name be used

I understand that I can revoke this release anytime in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

I **do consent** to the use of photographs/video for the use of information related to my experience at Sublime Body Medical Spa, LLC.

I **do not authorize** the use of photographs/video for the use of information related to my experience at Sublime Body Medical Spa, LLC.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

