Photo Release Form

Name: _____ **Area to be photographed:** _____

I grant to Facial Sculpting, its representatives and employees , the right to take photographs of me and my face in connection with the above-identified subject.

I authorize Facial Sculpting, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Facial Sculpting 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, social media platforms and Web content.

I have read and understand the above:

Signature
Printed name: _____ **Address:** _____

Date: _____ dd / mm / yyyy