



PHOTOGRAPHY CONSENT & RELEASE FORM

I hereby consent to be interviewed, recorded, photographed, videotaped, or filmed by representatives of **Premiere Aesthetics Institute LLC** for purposes of publication, display, or broadcast (print, web, digital display, and all other forms of media). I further understand that my name and identity may be revealed in descriptive text or commentary in connection with any method described above.

I agree that such photographs, interviews, recordings, articles, quotes, audio, or video and/or any reproductions of same in any form, are the property of **Premiere Aesthetics Institute LLC**, and I relinquish any present or future claim for reimbursement for said photographic or video reproduction of my likeness or for said testimonials by me.

I hereby release **Premiere Aesthetics Institute LLC**, its affiliates, employees, representatives, and agents from any and all claims, demands, costs and liability that may arise from the use of these photographs, recordings, interviews, videotapes, and/or any reproductions of same in any form, as described above, arising out of being photographed, recorded, or videotaped.

I acknowledge that I have read this consent form in its entirety.

Student Name: _____ **Date:** _____

Student Signature: _____