Photo Consent

I, _____, do hereby agree to the following:

Required: I am allowing Bare Babe Electrolysis LLC to take photos of my treatment and treated areas to be used for the purpose of monitoring my progress.

Print Name: _____ Date: _____

Signature: _____

Optional: In addition, I give permission to the following, with the understanding that photos of treatment areas will be cropped and my identity will remain anonymous. If left blank, photos will be used for the sole purpose of monitoring progress.

_____I give permission for my photos to be used for education.
_____I give permission for my photos to be used for advertising (website and social media accounts).

Print Name: _____ Date: _____

Signature: _____