

**Client Photo Release Form**

I, the undersigned, hereby consent to the use of my likeness, biography, picture and clinical details related to my person, in photographs made for \_\_\_\_\_ (name of salon or practitioner) as well as Thoclor Labs (Pty) Ltd, as well as in publicity concerning the same.

If applicable, I consent to the use of my photographs. I declare being a major and that I have the full right to make this declaration of consent. In the event that I am a minor, this declaration of consent will be made by the entitled parent or guardian.

I understand that the photographs, slides, and / or videos will be used as a progress report of my care, and may be used for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines, phone books, television), and professional publications. I further understand that if the photographs, and / or videos are used in any publication or as a part of a demonstration, no name or other identifying information may be used unless stated differently below.

I understand that I will not be entitled to receive any payment in consideration for the use of details related to my person as set forth above, in the photographs pursuant to this declaration of consent.

Please initial: \_\_\_\_\_

I would like my eyes to be blacked out to keep my identity anonymous in any publication.      Yes / No

Please initial: \_\_\_\_\_

Thoclor Labs (Pty) Ltd shall have the sub-licensable and worldwide right to use my photos as set forth above in relation with the photographs, in any manner whatsoever. The use may include, but is not limited to, editing, duplication, licensing, distribution and incorporation in other works, in whatever form (e.g. hard copy or electronic), such as posters, publications, web sites, social media, films or videos, and their unrestricted use, without any obligation on the part of Thoclor to seek any further authorization by the undersigned.

Client Name \_\_\_\_\_ (Patient/Guardian)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Name \_\_\_\_\_

Please Note: If the owner of the photos is not the client in person but a 3<sup>rd</sup> party, please let 3<sup>rd</sup> party sign the Owner Release Form

**Photo Owner Release Form.**

I, the owner of the Photographs as the individual that took the photos of the client's progress hereby agrees to the same aforementioned permissions of the client, ( \_\_\_\_\_ ), and hereby grants Thoclor Labs (Pty) Ltd the use of the aforementioned photographs as discussed in the Client Photo Release Form.

I understand that I will not be entitled to receive any payment in consideration for the use the photographs pursuant to this declaration of consent.

Please initial: \_\_\_\_\_

I would like to receive credit, where possible, for the Photos taken.

Yes / No

If applicable, please complete: "Photo supplied by \_\_\_\_\_"

Please initial: \_\_\_\_\_

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Please initial: \_\_\_\_\_

Owner of Photo: Name and Surname \_\_\_\_\_

Contact number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Name \_\_\_\_\_