



Social Media/Photograph/Video Authorization & Consent

I, the undersigned, authorize Unchained From The Cave Tattoo Removal to take photographs/videos of my tattoos before, during and after my treatments. My name will not be used unless I specifically agree that it may be used. I also understand that these photographs may be used for purposes including, but not limited to, educating future patients, possible publications, promotional literature, media, social media (such as facebook, instagram), promotions and/or similar ways. I enter into this agreement willingly and hereby waive any right to compensation for such uses and release any liability from Unchained From The Cave Tattoo Removal which may arise from the use of these photos and/or videos.

REFUSE: I decline any photos/videos to be taken other than for the purpose of use in comparing treatment progress which will be kept only in my individual chart and confidential.

Signature:

Parent/Guardian:

Date: