



PHOTO/VIDEO RELEASE FORM

For the purpose of documentation, I hereby consent to the taking of photos of me before and after my PMU procedure. I understand that these photos will NOT be used for Marketing of any kind. The photos will be kept on file with my confidential personal data.

I hereby give BN Brows and its technicians permission to use photographs/videos of me taken before, during and after my PMU procedure. I understand these photos/videos may be used on their website, social media, and in-office for demonstrational and promotional purposes.

Name: _____

Signature: _____ Date: _____