

## Media Consent Form

Royal Treatment Hair Restoration Center would like to take your picture before installation and after installation photograph for promotional purposes. These images may be used on our website, social media platforms, and in future publications.

Section A.	
Person in photog	graph:
photograph of m project partners  □I am take a photograp	granting expressed written permission to allow Royal Treatment Hair Restoration Center to take a ne and grant permission for these to be used by Royal Treatment Hair Restoration Center and its to promote the brand in publications, press releases, websites and social media marketing.  NOT granting expressed written permission to allow Royal Treatment Hair Restoration Center to oh of me and grant permission for these to be used by Royal Treatment Hair Restoration Center and ers to promote the brand in publications, press releases, websites and social media marketing.
Name:	Phone Number: Email:
=	ection only if granting permission.  Hair RestorationCenter can display my information as follows (check all that apply):
Continu C	□Complete Name
	☐First Initial, Last Name
	☐Anonymous, which includes NOT tagging me on any social media platforms
	□City, State
	□Diagnosis
<b>Section C.</b> Complete this se	ection only if granting permission.
□I auth	norize Royal Treatment Hair Restoration Center:
	☐To take my photos and words regarding my experiences with them to be used on their website.
	$\square$ To use my photos on Facebook, Instagram and other social media platforms.
	To edit, after conv. or distribute the photos for social media advertising and marketing

The photos taken belong to Royal Treatment Hair Restoration Center, hower time. Once rescinded, I understand that Royal Treatment Hair Restoration cannot guarantee that old pictures, prints or posts using my information we receive any monetary compensation from Royal Treatment Hair Restoration	Center will not post any NEW photos of me but ill be deleted. I also understand that I will not
Signature:*If minor, signature of parent or legal guardian required.	_ Date:

I understand and agree that: