



## Client Consent to be Photographed

Date: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

I consent to the reproduction and use of my photo(s) (without identifying client name or marks), with the consent of the producing agent(s), Beautiful by Flor, Inc. ONLY. Consent shall involve the use of my photos for any educational purposes, including instruction, display to professional organizations, websites, social media and advertising thereof.

This consent, as stated above, shall be a continuing consent for all procedures, past, present & future. Written notice must be received from the client asking to discontinue use. (60 days written notice required)

I give Flor Henk, Beautiful by Flor, Inc. permission to use my photo/s as marked below.

Full Face \_\_\_\_\_ Initials

Eyebrows w/Eyes Only (**MUST INITIAL**) \_\_\_\_\_ Initials

Micro-Needling  
Full Face, Eye Area \_\_\_\_\_ Initial  
Cheeks, Neck, Chest  
Peri-oral, Lips

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Flor Henk: \_\_\_\_\_ Date: \_\_\_\_\_