

As an elective model patient, top-quality products and aesthetic procedures are made available to you at considerable savings. We occasionally offer our aesthetic procedures at a significantly reduced fee to model patients for the following purposes:

- Aesthetic Training Programs:** These programs may include training on new or already offered aesthetic procedure(s). As a model patient for these training programs, you will be treated by a qualified practitioner under the supervision of a qualified trainer for that aesthetic procedure(s).
- Aesthetic Portfolio:** You will be treated by one of our practitioners for the purpose of growing the practitioner’s professional portfolio.
- Aesthetic Procedure Demonstration:** You will be treated by one of our practitioners while they are demonstrating an aesthetic procedure before an audience on-site and/or via video stream.

A consultation and assessment to determine suitability is required prior to booking any procedures. This is to ensure the best outcome for our trainees and models. We require a full non-refundable deposit at the time of booking.

Aesthetic Procedure(s): _____

_____ Initials

By agreeing to be a model patient for the above indicated elective aesthetic procedure, I certify as follow:

_____ I have signed a separate consent form for this specific aesthetic procedure(s).

Initials

_____ I understand the duration of time receiving this procedure can be significantly longer than that of a typical clinic appointment.

Initials

_____ I hereby give the absolute right and unrestricted permission to take, use, reuse, display, and publish photographic images and videos of me, through any form of media (print, electronic, broadcast, or otherwise) at any location for art, advertising, articles, marketing, publicity, archival, training, or any other lawful purpose. I hereby waive any right that I may have to inspect or approve the finished product(s), the advertising copy, or printed materials that may be used in connection therewith or the use to which it may be applied. I also hereby waive any right, claims, or interest to royalties or other compensation arising from or related use of photographic images and videos of me.

Initials

_____ I accept full responsibility for all complications, which may arise or result during or following the procedure(s).

Initials

_____ I hereby waive any right to additional procedures or compensation should I be unhappy with the results.

Initials

_____ I understand that I am or may be giving up certain legal rights.

Initials

_____ Any and all questions I have concerning this release have been answered prior to my signing.

Initials

I, the undersigned, for valuable consideration, receipt of which is hereby acknowledged, do hereby request to undergo and consent to act as a model patient for the elective aesthetic procedure(s) indicated above. I acknowledge that I am at least 18 years old, read, write and understand English, and have the right and ability to consent to the terms herein.

Print Patient Full Name Patient Signature Date

Reviewed By _____

Initials