

YMA Clinic Photography Release Form

I hereby give permission for YMA Clinic to use photographs of me for the purpose of promoting its medical and aesthetics services.

I understand that these photos may be used by YMA Clinic in print and online and for their media press releases in relation to promotion of YMA Clinic's activities.

I agree that the photographs may be edited or modified. Copyright of the images remains with the photographer.

YMA Clinic will not make direct financial gain from the images.

I have read this model release form carefully and fully understand its meanings and implications.

First Name	Date	
Last Name		
	Signature:	
Mobile Phone		
Email		

YMA Clinic is a trading name of YASMIN MEDICS LIMITED, registered company # **05508748** - Registered office address: Kajaine House, 57-67 High Street, Edgware, Middlesex, England, HA8 7DD

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