

Marketing Consent for TempSure® Wrinkle, Deep Heating and Cellulite Treatments

CLIENT INFORMATION CONSENT AND RELEASE

DATE: _____

Advance Biomedical Treatment Center has requested permission to use information and images from your procedure, **Non Ablative Full Face RF treatment with the TempSure™ RF System**, which includes, but is not limited to, my personal health information related to the procedure (e.g. age, gender, skin type, treatment regimen, etc.); procedure and client descriptions; portrait, picture, likeness; and my voice. Any or all of which may be used in a recording, videotape, television production or reproduction, sound track recording, film strip, still photograph, medical research, product development, training or other written materials or articles for publication purposes, including use on website(s) supported by Advance Biomedical Treatment Center. Such information and images will become a part of my personal health records and, under certain circumstances, may be shared or given to third parties as a part of my health records. I will have the ability to review and access such information and images as a part of my health records and provide corrections to errors I believe exist. Beyond this, I acknowledge that I have no rights, title or interest in the information and images, including claim of copyrights.

I consent to photographs and videos being taken only with the consent of my physician, and under such conditions and at such times as may be approved by my physician. I agree that the photographs and videos shall be taken by my physician or by a photographer approved by my physician.

I hereby grant to Advance Biomedical Treatment Center, its successors, assigns, and anyone acting under its authority or permission, the right to make originals, copies or derivate works of the information and items referred to in this Consent Form, where appropriate and to use for any lawful purpose (including publicity and other trade purposes) throughout the world and reproduce at any time in any form or manner and to copyright any form or manner capturing the information and items referred to in this Consent Form.

I hereby release Advance Biomedical Treatment Center and its successors from any claim, which I might otherwise have, as a result of any such use, copyright or publication.

Client name (please print) _____

Signature _____ Date _____