



CLIENT PROGRESS BENCHMARK PHOTOS

Client's Name: _____

Today's Date: _____ Phone Number: _____

- **CLIENT PHOTO CONSENT & RELEASE FOR INTERNAL PROGRESS FILE ONLY**
- I authorize the internal use my before, during and after photographs as a visual progress benchmark for my program.*
- (Y N) (Indicate YES or NO for each situation)
- ☐ ☐ • I allow Aspire Trim Clinic to use my photos/videos for: (my client record, staff training only)
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- **CLIENTS PHOTO CONSENT & RELEASE FOR INTERNAL USE & WEB BASED OR PRINT MEDIA**
- (Y N) (Indicate YES or NO for each situation)
- ☐ ☐ • I consent to Aspire Trim Clinic taking photos/videos of me.
- ☐ ☐ • Images may be used for records, training, or marketing (including web, print, and social media).
- ☐ ☐ • I understand I will not receive compensation.
- ☐ ☐ • Participation is voluntary and grants no rights to ownership or royalties.
- ☐ ☐ • I would like my identity concealed when used for web, print, and social media. I understand that I can withdraw consent anytime by submitting a written request or new form.

► ***By signing below, I confirm I understand and agree to this consent.***

Client Signature: _____