



Client authorisation to use photos

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, hereby grant Dr Bishay and their respective companies permission to use my before and after photographs and/or videos for marketing, advertising, and educational purposes.

I understand that these materials may be used in, but not limited to:

- Social media platforms (e.g., Instagram, Facebook, TikTok, YouTube, etc.)
- Company website and promotional materials
- Print advertisements, brochures, and educational presentations
- Any other marketing or training materials deemed appropriate by [Company Name]

I acknowledge that:

1. My personal information will remain confidential, and only my images/videos will be used unless otherwise specified.
2. I am not entitled to any compensation or royalties related to the use of these images/videos.
3. They have the right to edit, alter, or modify the images/videos as needed, provided they are used professionally and respectfully.
- 4.

By signing below, I confirm that I have read and understand this authorization and voluntarily agree to its terms.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness/Company Representative Signature:** \_\_\_\_\_

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

