

DAVINCIA®

CONSENT FORM FOR SHARING PHOTOS AND TESTIMONIALS

Client's first and last name: _____

Retailer : _____

Institute : _____

Improved skin condition(s) : _____

Type of treatment : _____ Number of treatments / Days of use : _____

Details : _____

1.

Client's authorization

I, the undersigned, authorize Mrs. Nathalie Forget ND.A., Davincia Inc. and her retailers or affiliated companies to use my photos for training, education and promotional purposes. I authorize and agree that my photos may be used on the Internet and on television, regardless of the province or state of broadcasting, in perpetuity.

Signed in _____, on _____

Signature : _____