



Photo Release Form

I _____ give my permission for Serenity Day Spa & Salon to post any videos or photos of services performed on me and any relating descriptive information obtained on me to its social media sites including its website, Instagram and Facebook.

Please select one:

- I am 18 years of age or older
- I am under the age of 18

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from anyone under the age of 18, then the signature of that individual's parent or legal guardian is also required as authorization.

Parent's/Legal Guardian Signature _____

Date _____

Serenity Day Spa & Salon

1100 Brampton Avenue, Suite D

Statesboro, GA 30458

912-489-3883 • serenityspasalonstatesboro.com • serenitysalonalt@gmail.com