

Photo & Name Consent Form

National Laser and Aesthetics Academy Scholarship

Please submit this form signed in addition to a single-professional photo of yourself to info@nlaatraining.us.

I, [_____], understand that if I am selected as a winner of the National Laser and Aesthetics Academy's scholarship, my name, photograph, likeness, and related scholarship information may be displayed, published, or shared by the National Laser and Aesthetics Academy.

This may include, but is not limited to, use on:

The National Laser and Aesthetics Academy website

Social media platforms

Email newsletters

Printed or digital promotional materials

Advertising or marketing materials

Press releases or public announcements

Other official National Laser and Aesthetics Academy platforms

By signing this form, I give the National Laser and Aesthetics Academy permission to use my name, photo, image, likeness, and scholarship winner status for promotional, educational, informational, and marketing purposes related to the scholarship.

I understand that:

My name and photo may be visible to the public.

My image and name may be shared across multiple online and offline platforms.

I will not receive compensation for the use of my name, photo, or likeness.

This consent applies only if I am selected as a scholarship winner.

I have the right to ask questions before signing this form.

I confirm that I am voluntarily giving this consent.

Student Consent

Student Full Name: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____