



Consent for use of Testimonial

The signed consent confirms your agreement by which Remedy Lice Boutique, LLC has the right to use your testimonials, which includes the following: (1) your personal testimonial, whole or in part, regarding treatment, services received, products, customer service, or any other appropriate comments and (2) your first name, last initial, and city and state in which you live. You hereby agree as follows:

1. You hereby grant Remedy Lice Boutique, LLC the right to use the Testimonials.
2. The Testimonials may appear in connection with (1) the business website, www.remedylice.com, (2) publications for the business related to advertising, marketing, information and education, or any other publication Remedy Lice Boutique may deem useful and appropriate, (3) all electronic and print media (i.e. CD-ROM, video, pamphlets, mailings, etc.).
3. You hereby agree that you are over the age of 18 years old.
4. You hereby release Remedy Lice Boutique, LLC from any claims and expenses arising from the use of your Testimonial as herein specified.

By signing this Consent Form, you are acknowledging your consent to the terms noted above.

Print Name

Date

Signature