



## **Photography Waiver**

Photographer/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook/Instagram/other social media? \_\_\_\_\_

Date(s) & Time(s) requested \_\_\_\_\_

Photography Fee (payable to Sugar Pines): \_\_\_\_\_

Payment Date \_\_\_\_\_ Cash/Check/Credit Card \_\_\_\_\_

I hereby release Conifer Creek LLC (dba Sugar Pines Farm), its staff, and its members from any liability for injury that I or my client(s) may sustain during my photography session at the Farm. In case of illness or injury occurring on Sugar Pines Farms' property and in the event that I or my client(s) are unable to respond, I authorize the staff members of Sugar Pines Farm to arrange emergency medical treatment or transportation to a hospital for myself and my client(s).

Photographer's Name (Printed): \_\_\_\_\_

Photographer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_