



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: _____