STOREYLAND CHRISTMAS TREE FARM

PHOTOGRAPHY RELEASE FORM

Drop this form off at the house before the start of each session.

Photographer/Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Email _____

Client(s) Name(s) _____

_____

_____

_____

_____

Session Price _____ Number of Hours Estimated _____

Date & Time of Scheduled Session(s) _____

_____

_____

Certificate of liability insurance must be provided, listing Storeyland, Inc.

Payment Amount _____ Payment Date _____

Payment Form (circle one) Cash Check (#_____) Credit Card

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

Photographer's Name (printed) _____

Photographer's Signature _____ Date _____

Storeyland

Christmas Tree Farm