

STOREYLAND CHRISTMAS TREE FARM

2021 PHOTOGRAPHY RELEASE FORM

Photographer/Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Email _____

Client(s) Name(s) _____

Session Rate _____ Number of Hours Scheduled _____

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 _____

