

Photography Liability Waiver Form

Participant's Name

Address

Phone Number

Email Address

Release of Liability

I hereby acknowledge that my participation in photography sessions or related activities may involve certain risks. I voluntarily assume all risks associated with these activities and agree to release and discharge the photographer, their agents, employees, or assigns from any liability, claims, demands, or causes of action that may arise out of participation in said sessions.

Media Release

I grant permission for my photographs to be used for promotional purposes, including but not limited to, websites, social media, and print materials.

Additional Notes or Restrictions

Participant's Signature

Date

Parent/Guardian's Signature (if under 18)