

Photography Session Insurance Waiver Form

Client Information

Full Name

Address

Phone Number

Email

Session Details

Session Date

Session Location

Waiver and Release

I acknowledge and understand that participation in photography sessions may involve certain risks. I hereby waive, release, and discharge the photographer and their representatives from any and all liability, claims, or demands arising from any injuries, loss, or damages that may occur during or as a result of the session, including but not limited to personal injury, property damage, or loss of personal belongings.

I confirm that I have the necessary permission to participate in this session and agree to comply with all instructions and safety regulations provided by the photographer.

Client Signature

Date

Additional Comments

