

# Client Information



*Dennise Landgraf*  
PHOTOGRAPHY

## Client Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

## Type of Service

- |  |              |
|--|--------------|
| <input type="checkbox"/> Maternity & Newborn Pkg                   | Notes: _____ |
| <input type="checkbox"/> Senior / Model Portrait                   | _____        |
| <input type="checkbox"/> Baby 1st Year/ Children / Family Portrait | _____        |
| <input type="checkbox"/> Milestone                                 | _____        |
| <input type="checkbox"/> Boudoir                                   | _____        |

## Session Details

Date/Time \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

Names / Ages of Participants \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Photo Release

I hereby give Picture This by Dennise permission to use photo images of the above listed participant and family members for the purpose of promoting Picture This by Dennise programs in publications and on the Web. I agree that the images become the exclusive property of Picture This by Dennise Photography and wave the rights thereto.

Signature & Date: \_\_\_\_\_

Participation of this Photo Shoot can be denied if the signature and date of the Client or the parent/guardian of the client are not on this waiver.