

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.