
ROCK HILL ORCHARD LLC

Photographer Name: _____

Contact Person (if different from above): _____

Address: _____

Telephone: _____ Email: _____

Client Reference: _____ Number of Persons: _____

Event Date: _____ Start Time: _____ End Time: _____

Fees:

- Business Hours: \$100 fee per 2-hour session
- Non-Business Hours: \$125 per 2-hour session
- Fees must be paid prior to start of session.

Waiver and Release of Liability

I waive, release and discharge from any and all liability, including but not limited to, liability arising from any willful or negligent act or omission of Rock Hill Orchard LLC as well as their employees and owners. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility while at Rock Hill Orchard on behalf of myself, my employees, and my clients. I HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS Rock Hill Orchard LLC, their owners and employees and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS Rock Hill Orchard LLC, their owners and employees from all liability, negligence, causes of action, claims, demands and damages of every kind related to any and all injury, disability, death, loss or damage to person or property, including myself, my associates, and my clients, arising from my use of the Rock Hill Orchard farm.

I have read the Rock Hill Orchard Photography Policy and agree to its terms and conditions.

I certify that I have read this document and I fully understand its content. I am aware that this is a contract between Rock Hill Orchard LLC and myself. I understand that this is a release of liability.

Signature _____ Date _____



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WEB SITE <http://www.RockHillOrchard.com>
