

Waiver and Release

Date _____

Model Information

Name	D.O.B.	Age
Address	Phone	
	ID #1	
Email	ID #2	

(Hereafter referred to in this document as Releasor)

Emergency Contact	
Relationship	Phone

Photographer Information [To be completed by the photographer]

Name	Phone
Address	Email

(Hereafter referred to in this document as Releasee)

In consideration of being permitted to participate in a photography session, run and/or operated by Releasee on the date stated above, I, the 'Releasor', WAIVE, RELEASE and DISCHARGE the Releasee, his heirs, executors, administrators, legal representatives and assigns from all liability for or by reason of any damage, loss or injury to persons and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release I will be forever prevented from suing or otherwise claiming against the releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity.

I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement.

I understand that I would not be permitted to participate in the above noted activity unless I sign this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the Province of British Columbia, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).

Date

Models Signature

Parent/Guardian Signature (If model is under 18)

Witness