

PAM GRACE PHOTOGRAPHY

Client Info



Name _____ Phone _____

Email _____

Names and Ages of Kids (If applicable) _____



Type Of Session _____

Session Date _____

Number of People _____

Special Requests/Comments _____



I would love to share your photos if you are happy for me to do so! Please tick and sign below

I agree to grant the following rights and permissions to Pam Grace Photography who have the irrevocable and unrestricted right and permission to copyright of all photographs taken of us and to use our pictures for advertising purposes

On Social Media In Print

I hereby release Pam Grace Photography from all claims and liability relating to the photographs taken of us

Date _____ Signed _____