

Liability Release Form

For the Lenspiration Photography Workshop

Attendee Information

First/Last Name: _____

Date of Birth: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Release Details

With the intention of being legally bound, the undersigned hereby releases from liability, and agrees to indemnify and hold harmless Lenspiration and it's volunteers, representatives, and agents for any and all liability for personal injuries (including death), property loss or damages resulting from activities, travel, overnight housing, and accommodations for the Lenspiration Photography Workshop(s) held on _____. The undersigned agrees to abide by all the rules and regulations promulgated by Lenspiration during the Workshop.

I hereby give permission for photos/videos to be taken of myself during the Workshop, and understand that this media may be used by Lenspiration for promotional, commercial, and/or educational purposes.

I hereby acknowledge that I am age 18 or older, have read this agreement and fully understand its terms.

Attendee's Signature: _____ Date: _____

Medical Information

Present medications: _____ ☐ None

Special dietary restrictions: _____ ☐ None

Food allergies/medication allergies: _____ ☐ None

Further Medical Information: _____ ☐ None

Personal physician or health-care provider: _____

Emergency Contact: _____ Emergency Phone: _____

Alt. Emergency Contact: _____ Alt. Emergency Phone: _____

➤ *Please send completed form to info@lenspiration.com*



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