

# JEN LASHER ORIGINALS PHOTO SESSION FORM

## CUSTOMER INFORMATION

Name:		
Kids Names:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

## SENIOR PORTRAIT INFORMATION

High School Attending:		
School Colors:		
Sports:	Clubs:	Hobbies:

## EMERGENCY CONTACT

Name :	Phone:
Relation:	Allergies:

## PERMISSION TO PHOTOGRAPH

For valuable consideration received, I grant to **Jen Lasher Originals** ("Photographer") and **his/her** legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographer and **his/her** legal representatives and assigns from all claims and liability relating to said photographs.

Signature:	Date:
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## PORTRAIT SESSION WISHLIST

Final Images : <input type="checkbox"/> Print & Electronic <input type="checkbox"/> Print Only <input type="checkbox"/> Electronic Only		
Type of <b>Proofs</b> Requested: <input type="checkbox"/> Print <input type="checkbox"/> Electronic <input type="checkbox"/> Both		
Size of Images desired: <input type="checkbox"/> Standard <input type="checkbox"/> Large <input type="checkbox"/> Canvas		Deadline Date?
Permission to Post: Please check below		
SmugMug: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No	Website: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:		

## REFER A FRIEND (COMPLETE THIS AREA TO RECEIVE 5% DISCOUNT ON YOUR PRINTS)

Name	Email Address	Phone
Name	Email Address	Phone

## PACKAGE INFORMATION

Package:	Sitting Fee:
Location:	Time:
Package adjustments:	
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	Coupons / Discount on Prints : _____
Signature for CC:	Date:

