Photography Liability Waiver Boiling Spring Tree Farm LLC

Physical Address: 100 Gordon Rd. Dayton, ME 04005

Photographer's Name: _____

Date of Photography Session: _____

I, the undersigned photographer, hereby acknowledge that I will be conducting a photography session on the premises of Boiling Spring Tree Farm LLC. I understand and agree to the following terms and conditions:

1. Acknowledgment of Risks: I acknowledge that the tree farm's terrain may be uneven, contain natural obstacles, and pose potential hazards. I am aware that these conditions may increase the risk of injury to myself and damage to my equipment.

2. Assumption of Risk: I voluntarily assume all risks associated with my presence on the Boiling Spring Tree Farm LLC premises, including but not limited to bodily injury, property damage, or any other harm that may result from the photography session.

3. Release of Liability: In consideration of being allowed to conduct photography on the tree farm, I hereby release Boiling Spring Tree Farm LLC, its owners, employees, and agents from any liability, claims, demands, actions, or causes of action arising out of or related to any injury or damage that may occur during my photography session.

4. Indemnification: I agree to indemnify and hold harmless Boiling Spring Tree Farm LLC, its owners, employees, and agents from any claims or lawsuits, including legal fees, arising from my photography session or any related activities.

5. Insurance: I understand that Boiling Spring Tree Farm LLC does not provide insurance coverage for photographers and their equipment. It is my responsibility to obtain appropriate insurance coverage for any potential risks associated with my photography session.

6. Compliance: I agree to comply with all rules and guidelines provided by Boiling Spring Tree Farm LLC during my photography session.

I have read and fully understand the terms of this Photography Liability Waiver. I sign this waiver voluntarily and with the knowledge that it contains a release of liability.

Photographer's Signature: _____

Date: _____