



### Part 1. Parental/Guardian Consent, Acknowledgement and Release

(to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the Senior Rep Program/Senior Portraits for Jolie Hart Photography.

B. CLIENT hereby grants to PHOTOGRAPHER irrevocable and unrestricted right to use and publish photographs of the CLIENT or CLIENT'S CHILDREN, for editorial, trade, advertising, web site promotion and any other purpose and in any manner and medium; and to copyright the same. The CLIENT hereby releases PHOTOGRAPHER and assigns from all claims and liability relating to said photographs.

C. As parent(s) or legal guardian of, \_\_\_\_\_ and as a student who may be driving on their own, we, the undersigned, hereby release and agree to defend, indemnity and hold Jolie Hart Photography, Clark County, NV, its officers, agents, and employees and their assigns from any claims from any person, entity, or estate, in any forum for property loss or damage, personal injury, illness, personal interference, injury and/or death resulting from any cause *excepting* those which occur because the Studio representative or assistant negligently failed to take reasonable steps available to protect the student from an immediate substantial hazard actually known.

#### I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

Name of Student (printed)	Signature of Student	
Date		

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
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Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
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Jolie Hart Photography

***By Appointment Only***

Mail this to: 673 Glenwood Ln., Henderson, NV 89002

Phone: 702.825.3431 | email: info@joliehart.com | website: www.joliehart.com



## Part 2. Emergency Information

ALL INFORMATION YOU PROVIDE BELOW IS KEPT CONFIDENTIAL  
AND WILL BE RETURNED UPON REQUEST.

Name of Parent/Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (F) \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (F) \_\_\_\_\_

If your child is chosen to participate, you receive a formal contract outlining the program and the perks it entails.

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