

PHOTOGRAPHY SESSION AGREEMENT

Ricky's Tilted Tripod Photography

Photographer: Ricky's Tilted Tripod

Phone: 513-709-7412

Email: rickyotto@rickystiltedtripod.com

Client:

Client Name: _____

Client Phone: _____

Client Email: _____

1. SESSION DETAILS

Session Date: _____

Session Time: _____

Location: _____

Session Type: _____

Estimated Duration: _____

2. SERVICES PROVIDED

- ☐ Photography Shoot
- ☐ Digital Gallery
- ☐ Basic Editing
- ☐ Other: _____

3. PAYMENT

Total Session Fee: \$ _____

Retainer/Deposit: \$ _____

Balance Due Date: _____

The retainer is non-refundable and reserves the session date and time.

4. RESCHEDULING & CANCELLATION

Client may reschedule with at least 48 hours' notice. Deposits are non-refundable but may be transferred to a new session date if rescheduled within 30 days. Cancellations made within 48 hours of the session may result in forfeiture of all payments made.

5. IMAGE DELIVERY

Photographer will provide edited digital images within _____ business days after the session.

6. COPYRIGHT

All photographs remain the copyrighted property of Ricky's Tilted Tripod. Client receives a non-exclusive personal-use license for delivered images.

7. MODEL RELEASE

- ☐ Grants Permission
- ☐ Does Not Grant Permission

for Photographer to use photographs from this session for portfolio display, website content, social media, advertising, marketing, contests, publications, and promotional materials.

8. LIMITATION OF LIABILITY

Photographer's liability shall be limited to a refund of amounts paid by Client in the event of image loss or circumstances beyond Photographer's control.

9. CLIENT RESPONSIBILITIES

The Client is responsible for arriving on time and communicating any specific requests before the session.

10. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Ohio.

11. ENTIRE AGREEMENT

This Agreement constitutes the entire understanding between the Parties.

CLIENT SIGNATURE

Name: _____

Signature: _____

Date: _____

PHOTOGRAPHER

Ricky's Tilted Tripod

Name: _____

Signature: _____

Date: _____