

Photography Request

Please complete the below information and return a signed copy to the Pro Shop along with a signed waiver. These forms must be submitted at least seven days prior to the requested date of photography. A member of our staff will be in contact with you to confirm your request.

Contact Name:
Phone Number:
Email Address:
Street Address:
Requested Date of Photography:
Purpose of Photography (EX: Senior Pictures):
Photographers Name:
Requested Locations*:
* All photography must take place within walking distance of the clubhouse and is limited to one hour unless otherwise approved by Shepherd's Hollow Staff.
Contact Signature Date

Please Note: Shepherd's Hollow Golf Club reserves the right to deny, cancel, or change the date of a photography request. Your photography request is not confirmed until a member of our management team has confirmed your date and time.



9805 Big Lake Rd. Clarkston, Michigan 48346 Phone (248) 922-0300 www.shepherdshollow.com

WAIVER OF LIABILITY

Name: _____

THIS IS AN IMPORTANT LEGAL DOCUMENT. READ CAREFULLY BEFORE SIGNING.

Phone: _____

Street Address:	Email Address:	
City, State, Zip:		
Driver's License Number:	Stated Issued: D	O.O.B
In exchange for being allowed to access to Shindemnify, and hold harmless, and further hold, and its owners, employees, agents, shardlaims, judgments, damages, costs, expenses, may hereafter be asserted against any of them Hollow Golf Club, or the negligence of Shephemployees, or agents.	ereby release and forever discharge Sl reholders, successors and assigns, fro , legal fees, and controversies of any k n, and which arise out of my access to	hepherd's Hollow Golf m all liabilities, losses, kind which may now or o or use of Shepherd's
I agree that as a golf club, there are inherent that I voluntarily assume these risks.	risks involved in being present at She	pherd's Hollow, and
I agree that I am not permitted to use any of S risks associated with the use of this equipmen		oluntarily assume any
If I am signing this waiver for my minor child	•	hepherd's Hollow
harmless for all claims brought by any of my I am at least 18-years of age and by signing th		e read it in its entirety.
Signature	Date	
Organization Represented, if any		
I am the parent of a minor who will be enteri am at least 18-years of age, and by signing thi in its entirety.		
Signature	Date	