

TEMPLE BETH AMI PHOTOGRAPHER WAIVER

Please return this form with a copy of your insurance policy to:

Mail to: Temple Beth Ami 14330 Travilah Road Rockville, MD 20850 ATTN: Susan Neumann	OR	Email pdfs to: spn@bethami.org
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I accept Temple Beth Ami's photographic guidelines.
Enclosed is a copy of my insurance policy/signed waiver.

Signed

Date

Photographer/Company Name: _____

Address: _____

Phone: _____

E-mail: _____

Name of Bar/Bat Mitzvah client: _____

Date of Bar/Bat Mitzvah client: _____