

EastEnd Creative Group_{LLC}

Release Form

EastEnd Creative Group llc (referred to herein as **EECG**) and its Visions Photographic Workshop employees will make every effort to provide workshop participants with the safest and most enjoyable photographic environment possible.

EECG will not be held liable for events beyond its control. On all workshops there is some risk that the participant may encounter, including but not limited to heat or cold related injuries, medical emergencies, falls which result in sprains, cuts and bruises, broken bones, attack by a wild animal, or even death, arising from normal conduct on the workshop.

Every effort will be made to warn the participant of potential danger but **EECG** will not be held liable for the actions of the participants on the workshops. By signing up for the workshop the participant is responsible for their actions and accepts these and other risks associated with these workshops.

EECG will not be held liable for other events beyond it control such as, but not limited to problems with connecting travel, baggage loss or damage, illness from meal suppliers, mechanical problems, weather problems or other unforeseen actions which were not the act of gross or willful negligence by us.

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified.

My participation in this workshop is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

Dated _____ **Signed** _____

Print Name _____

EastEnd Creative Group LLC

Mail or e-mail to
EastEnd Creative Group llc, 37 East End Avenue, Avon-By-The-Sea, NJ 07717
732-245-6699 beverly@visionsworkshops.net

Name: _____ Male ____ Female _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone # _____ Alternate Phone # _____

Workshop Title _____ Dates _____

Registration Fee _____

How did you hear about Visions Photographic Workshops? _____

Type of Digital Camera? _____

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Full Payment is expected at time of registration, except on specific workshops that require a 50% deposit, with the balance due 45 days prior to workshop start date.

Please indicate amount to be billed _____

Visa Mastercard American Express Exp. Date: _____

Credit Card # _____ Verification Code _____

Credit Card Billing Address Same as above

Other: _____

Signature _____ Date _____