



Consent to Photograph, Video or Record Application

Please fill out and return the following application for authorization to photograph or video Life Under The Oaks Lavender Farm. Fees may apply.

Requesting Individual/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

Requesting authorization to (check all that apply): \_\_\_\_\_ Photograph \_\_\_\_\_ Video

Responsible Party Signature: \_\_\_\_\_

\*Responsible party assumes all liability for damages while on the premises of Life Under The Oaks Lavender Farm.