



Event Service Proposal

EVENT: _____ EVENT DATE: _____

BILLING\COMPANY ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ E-MAIL: _____

EVENT INFO:

LOCATION: _____ TIME: _____ SET UP TIME: _____

NUMBER OF GUESTS: _____ SET UP LOCATION: _____

SERVICES REQUIRED:

PRICING & PAYMENT:

DESCRIPTION OF SERVICES:

The parties agree that AB Pro Photo will supply photographic services (as outlined above) for the Event on _____. Photographic coverage will include the services of the photographer for the time(s) discussed in the Description of Services. AB Pro Photo will be the exclusive professional photographer retained by the Clients for the purpose of photographing the Event (unless otherwise clarified).

PRODUCT PRICING:

Pricing is defined in the Event Photo Pricing Section of this contact. Any additional services or enlargements are subject to special pricing (unless otherwise indicated above).

LIMITATIONS OF LIABILITY:

While every reasonable effort will be made to produce and deliver outstanding photographs of the event, the photographer's entire liability to the Clients for any claim and loss arising from the photographer's performance is limited to a refund to the Clients paid amount for services.

CLIENT RESPONSIBILITY:

The coordinator of the event is responsible to provide adequate space and power outlets to the photographer for the duration of the event.

For the safety of all guests and AB Pro Photo staff, there will be no open beverage or glass drink containers permitted in the photo area including tables and backgrounds.

The company assumes all financial responsibility for loss or damage to all on-site AB Pro Photo property (including props and equipment) resulting from guest gross negligence and/or Individual guest behavior. Any loss or damage will be reported by AB Pro Photo on the first business day following the event in order to keep disruption of the event to a minimum.

AGREEMENT:

This agreement incorporates the entire understanding of the parties, and the parties agree to all of its terms, and acknowledge receipt of a completed copy of the agreement signed by all Parties. Any modifications of this agreement must be done in writing and signed by all parties. Each person signing as Client(s) below will be fully responsible for ensuring that full payment is made pursuant to the terms of this agreement.

Client(s) Signature: _____ Date: _____

AB Pro Photo Representative: _____ Date: _____

4930 MARCOMBE WAY NE CALGARY, AB. T2A 3G7 PHONE: 403-250-6744 FAX: 403-250-6585 E-MAIL: INFO@ABPROPHOTO.CA

