



Photographer Registration Form

Studio Name _____ Photographer _____

Address _____

Phone _____ Mobile Phone _____

Names of clients/guests with photographer: _____

_____ (If more space is needed, use back).

Approximate arrival time & date: _____ Approximate departure time _____



Rock Springs 4-H Center is a privately-owned, non-profit facility operated by the Kansas 4-H Foundation.

Reservations must be made at least 48 hours in advance. All photographers must check in at Johnson Administration Center or with the Administrator on Duty (785-366-6036) when arriving on grounds.

Since there may be guests on grounds 365 days per year, we need all photographers and their clients visiting the grounds to register to assure the privacy and comfort of our guests.

Areas available for use include: water wheel area, Vesper Lookout, grassy areas in front of the school and chapel, Dorothy Griffin Akin Wildflower Walk, Coffman Council Circle and the three outdoor shelters. Any other locations must be approved by calling 785-257-3221.

Photos may not be taken inside any of the buildings. No disruption of daily activities will be tolerated.

Rock Springs 4-H Center requires a **\$40 fee plus sales tax of \$2.96** for use of the grounds for each client. Thank you for your cooperation and understanding.



I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from my visitation to the Rock Springs grounds. I also give medical personnel permission to treat my injuries if I am unable to make the decision for myself.

Signature _____ Date _____

Signature of Guardian (if under 18) _____ Date _____

Emergency Contact _____ Phone _____



I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from my visitation to the Rock Springs grounds. I also give medical personnel permission to treat my injuries if I am unable to make the decision for myself.

Signature _____ Date _____

Signature of Guardian (if under 18) _____ Date _____

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