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Hotel Name: JW DALLAS ARTS DISTRICT HOTEL	Shoot Date(s): 09/25-26/2023
Property/MARSHA Code:	Studio Phone Number: 202/750-5509
Studio/Photographer Name: ISAAC MAISELMAN	Email Address: MAIL@ISAACM.COM
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Signature:	Print Name: ISAAC MAISELMAN
Date: 11/06/2023	Title:
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Ø 015_LF_Bride S tairs_DALJA_12 661



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 Ø 015_LF_Bride_S tairs_DALJA_13 156



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 Ø 016_LF_Bride_ ○ 016_LF_Bride_ Museum Suite _DALJA_13246



Museum Suite _DALJA_13281



 ○ 016_LF_Bride_ Museum Suite _DALJA_13343



Ø 016_LF_Bride_ Museum Suite _DALJA_13429



 ○ 016_LF_Bride_ Museum Suite _DALJA_13486



Ø 017_LF_Groom Suite DALJA 13559



Ø 017_LF_Groom Suite DALJA 13568



_Suite_DALJA_ 13659



⊙ 017_LF_Groom ⊙ 017_LF_Groom _Suite_DALJA_ 13696



_Suite_DALJA_ 13733



⊙ 017_LF_Groom ⊙ 018_LF_Bride_B ⊙ 018_LF_Bride_B allroom_DALJ A_13831



allroom_DALJ A_13910



allroom_DALJ A_13940



allroom_DALJ A_13990



Ø 018_LF_Bride_B allroom_DALJ A_14065



Ø 018_LF_Bride_B allroom_DALJ A_14087



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Ø 018_LF_Bride_B allroom_DALJ A 14165



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Ø 018_LF_Bride_B allroom_DALJ A 14477



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⊘ 019_LF_Drone Ø 019_LF_Drone Vincents_DALJ Vincents_DALJ A DJI 2023092 A DII 2023092



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Ø 019_LF_Drone_ Vincents DAL J A_DJI_2023092 6201204_0473



Ø 020_LF_Groom White Jkt Bri de_Vincents_D ALJA_C0A9944



Ø 020_LF_Groom _White_Jkt_Bri de_Vincents_D ALJA_C0A9997



Front Entranc e_DALJA_C0A0



Front Entranc

e_DALJA_C0A0



Ø 021_LF_Couple

Front Entranc

e_DALJA_C0A0



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TRAVEL :
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Address :

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I represent that I am of full age, and I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this Authorization, Assignment and Release.

Talisa Duran

Awarcs .
City : State : ZIP Code :
Telephone :
DOB: 6/20/93 Date: 9/21/23
Model's Signature :
For Agents Representing and Signing for Model please complete the following :
Agency Name : Kim Dawson Agency
Print Name of Signator : <u>Jessi McGlone</u>
Agency Address : 1645 N Stemmons fwy STE B
City: Dallas State: TX ZIP Code: 75207



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I represent that I am of full age, and I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this Authorization, Assignment and Release

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Address:
City : State : ZIP Code :
Telephone :
DOB: 04/06/1989 Date: 9/21/2023
Model's Signature :
For Agents Representing and Signing for Model please complete the following :
Agency Name : Kim Dawson Agency
Print Name of Signator : Jessi McGlone
Agency Address : 1645 N Stemmons fwy STE B
City: Dallas State: TX ZIP Code: 75207
Telephone : 214-638-2414 Date : 9/21/2023
Agency Signature : Jessica McGlone

