



PHOTO SHOOT & COMMERCIAL FILMING AGREEMENT

Name of Production Company and/or Professional Photographer:

Mailing Address: _____ Phone Number: _____

Email: _____ Park Requested: _____

Brief description of purpose for photography/filming: _____

(Date, Time, Length of Photo Shoot/Filming Session)

Professional Photo Shoot	Fee	\$30.00 per day
Professional Photo Annual Permit	Fee	\$150.00 per year
*If purchased on/after June 1 st	Fee	\$110.00
*If purchased on/after September 1 st	Fee	\$80.00
Commercial Filming 4 hours or less	Fee	\$200.00 per day
Commercial Filming 5 hours or more	Fee	\$400.00 per day

Request for Exclusive Use or Other Special Needs: _____

By checking the boxes below, photographer/company is agreeing to the following terms.

I (**photographer/company name** _____) understand Indy Parks and Recreation is not responsible or liable for damages or injury to the employees, subcontractors, agents, servants or invitees of, or damages to the property of (_____), arising in any manner from the acts or omissions made under or in connection with this Photo Shoot Agreement.

(_____) agrees that it will protect, indemnify and save harmless the Department, the City of Indianapolis, the Mayor of Indianapolis, the Department's Board, the officers, agents, servants and employees, in their capacities as such, from every liability, claim demand, right of action, judgement, loss, cost, damage or expense (including reasonable attorney's fees) for every injury to or death of any person or persons or instance of damage to property which injury, death or damage arises out of, or is in any way connected with the (_____) uses under this Agreement.

I understand (_____) will give credit to Indy Parks and Recreation and the selected Indy Parks and Recreation facility and/or location in any/all print materials or reproductions of video or photographs.

(_____) shall obtain all necessary licenses, approvals, insurance and permits at its expense, and agrees to comply with all federal, state and local laws, rules, regulations and ordinances in its exercise of this Agreement. This Agreement shall be construed in accordance with the laws of the State of Indiana, and by all applicable Municipal Ordinance or Codes of the Consolidated City of Indianapolis/Marion County. The Certificate of Insurance (COI) must name the **Consolidated City of Indianapolis** as an additional insured for \$1,000,000.

I understand this document does not allow (_____) to take photographs at the Garfield Park Conservatory and the Sunken Garden and that additional paperwork is required for that process.

I understand there is a \$200 or \$400 fee for the use of any Indy Parks facility for commercial purposes, and that *this fee is due prior to requested date of entry.*

Please make check payable to *Indy Parks and Recreation* and send to address below. Completed forms, along with proof of insurance may accompany check to address below.

Indy Parks and Recreation Customer Service Center
1720 Burdsal Parkway | Indianapolis, IN 46208 | (317) 327-7275 x2
ATTN: Photo Agreement

Name _____ Title of Authorized Party _____

Signature of Authorized Party _____ Date _____

Indy Park's Permit # _____

The City of Indianapolis does not discriminate based on race, religion, color, age, sex, disability, national origin or ancestry, sexual orientation, or veteran status. (Revised 1/21)

Indy Parks and Recreation Customer Service Center
1720 Burdsal Parkway | Indianapolis, IN 46208 | (317) 327-PARK x2