

Photographer/Videographer Agreement



Fax or Mail Completed Form to Sales & Rental Coordinator	ENGAGE. INSPIRE. REFRESH.
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Call: (920) 491-3691 ext. 113	Fax: (920) 490-9461	Mail: 2600 Larsen Road, Green Bay, WI 54303
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Name of Company _____

Authorized Representative _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Select One Day or Annual Photography/Videography

- One Day Permit (We have enclosed a \$25.00 permit fee and understand that the permit is only valid for one day.)
Permit to be used on _____ .
Date
- Annual Permit (We have enclosed a \$50.00 permit fee.) We understand that the permit must be renewed annually.

Terms & Conditions

1. We understand that Green Bay Botanical Garden will issue a duplicate copy of this contract as confirmation once the deposit has been received. (One Day Permits only)
2. We understand that Green Bay Botanical Garden will issue a permit card as confirmation once the deposit has been received. (Annual Permits only)
3. By signing this agreement, we acknowledge that we have read Green Bay Botanical Garden's Photography/Videography Policies. We agree to abide by these conditions. I agree to indemnify and hold harmless Green Bay Botanical Garden, its officers, agents, employees, and volunteers, against any and all loss, damage, claim or liability, whether for personal injury or property damages caused by or arising from the actions of the applicant, its guests and customers.
4. Proper photo credit must be awarded. "Location: Green Bay Botanical Garden."

Authorized Representative Date

Authorized GBBG Sales Representative Date

Payment

Checks can be made out to: Green Bay Botanical Garden **or** please provide credit card information:

Name as it appears on the card:			
Billing Address:	City	State	Zip Code
Card Type:			
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover			
Credit Card Number:	Expiration Date:	Three (3) Digit Security Code:	