



# COMMERCIAL VIDEO & PHOTO SHOOT AGREEMENT

Name of Production Company and/or Professional Photographer: \_\_\_\_\_

Mailing Address & Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Park(s) Requested: \_\_\_\_\_

Brief description of purpose for photography: \_\_\_\_\_

Date, Time, Length of Photo Shoot: \_\_\_\_\_

Professional Still Photo Shoot	Fee	\$30.00 per day
Professional Filming 5 hours or less	Fee	\$200.00 per day
Professional Filming 5-10 hours	Fee	\$400.00 per day

Request for Exclusive Use or Other Special Needs: \_\_\_\_\_

*By checking the below boxes, photographer/company is agreeing to the following terms. If filling out form electronically, please insert appropriate individual or company name where bolded. Otherwise it is acceptable to write in photographer/company name above bolded text.*

I understand Indy Parks and Recreation is not responsible or liable for damages or injury to the employees, subcontractors, agents, servants or invitees of (**photographer/company name** \_\_\_\_\_), or to the property of the (\_\_\_\_\_), its employees, subcontractors, agents, servants or invitees, 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.

( \_\_\_\_\_ ) 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.

( \_\_\_\_\_ ) shall provide Indy Parks and Recreation with an appropriate certificate of insurance, satisfactory to Indy Parks, prior to exercise of 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.

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  
Communication Department  
200 E. Washington St., #2301  
Indianapolis, IN 46204**

**ATTN: Commercial Shoot**

\_\_\_\_\_  
Name and Title of Authorized party

\_\_\_\_\_  
Date

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