



## COMMERCIAL VIDEO & PHOTO SHOOT AGREEMENT

Name of Production Company or Group:

Contact Name:

Phone Number:

Address:

Park Requested:

Brief description of purpose for photography:

Date, Time, Length of Commercial/Photo Shoot:

(5 hours or less; Fee \$250.00)

(5-10 hours) Fee \$450.00

Request for Exclusive Use or Other Special Needs:

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*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 (**photographer/company name**), 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.

(**Photographer/company name**) 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 (**photographer/company name**) uses under this Agreement.

(**Photographer/company name**) shall obtain all necessary licenses, approvals, 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.

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**(Photographer/company name)** shall provide Indy Parks and Recreation with an appropriate certificate of insurance, satisfactory to Indy Parks, prior to exercise of this Agreement.

I understand **(photographer/company name)** 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 \$250-\$450 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 be faxed to Indy Parks Public Information Office at **(317) 327-7097** or may accompany check to address below.

**Indy Parks and Recreation  
Public Information Office  
200 E. Washington St., #2301  
Indianapolis, IN 46204  
ATTN: Commercial Shoot**

Eagle Creek Park, ATTN: Jennifer Love  
7840 W. 56<sup>th</sup> St  
Indianapolis IN 46254

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