

Photographic/Filming Permission Request Form

Name:

Date of Request:

Address:

Institutional Affiliation:

Telephone: (H) (W)

Purpose of Photographic requested:

(Check any/all that apply)

- Personal use only
- Illustrate a scholarly paper or publication
- Exhibition
- Illustrate a commercial publication
- Other commercial distribution
- Identification or comparison with other material
- Media project
- Promote tourism
- Artifact reproduction
- School or university project
- Other

Date and Time Requested:

Location: Grounds/Outbuildings Black House

I hereby request permission to photograph or film on or within the premises of the Woodlawn Museum including the grounds and Black House as described above. I acknowledge that I have read the conditions described in the *Woodlawn Museum Photographic Policy and Guidelines* and agree to them. Should this request be granted, I agree to pay any fees for which I will become liable or for which I may become liable should the use I intend for these photographic materials change. Further, I understand that permission to photograph on Woodlawn Museum property and the payment of any service fees DOES NOT convey permission to publish, and that separate application must be made for publication rights.

Signature

Date

Request Approved By

Title

Date

Subject to the following fees and/or special conditions:

Woodlawn Museum use only:

Non-commercial Use

Commercial Use

Public Relations Use

Payment Received

Payment Method

Approved and Completed (Y/N)