



**SOUTH WOOD COUNTY HISTORICAL MUSEUM
PROFESSIONAL PHOTOGRAPHY**

This Agreement between _____ (Photographer) and South Wood County Historical Museum (Museum) defines the terms and conditions for photography on Museum property. The following terms and conditions apply.

1. Professional photography groups should prebook a reservation with the Museum to ensure that no other groups or events have prebooked. Only one photography group is permitted inside or outside on the property at a time.
2. Professional photography groups are subject to a \$50 donation (cash or check) to the Museum.
3. In the event inclement weather prevents photography, the donation will be refunded. You may reschedule up until the booked time for no additional fee. A donation sent in advance will be retained by the Museum for no-shows.
4. Any visitor taking photographs who causes damages to the building, property or other persons on Museum premises will be liable.
5. The Museum reserves the right to withhold or withdraw permission to photograph on the premises at any time. Staff have the authority to approach and verify the intent of photography anywhere on the property and to enforce this policy.
6. Please respect the South Wood County Historical Museum and its grounds.
7. Photographs must be taken in the Museum's public areas.
8. Drones are prohibited.
9. Alcohol consumption is prohibited.
10. Please tag the Museum on social media.

PHOTOGRAPHY DATE:	Time:	# in Group:
Request to take photographs: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both indoors & out		
Description/Purpose of Event:		
PHOTOGRAPHER'S NAME:	Cell Phone:	
Company:	Email:	
Address:		
City, State, Zip:	<i>Check all that apply</i> <input type="checkbox"/> Non-Profit <input type="checkbox"/> Museum Member <input type="checkbox"/> Business or LLC <input type="checkbox"/> Community Organization <input type="checkbox"/> Family/Friends Event	

I have read, understand, and accept the terms and conditions set forth in this Photography Agreement.

Name (print)	Signature	Date
Museum Representative (print)	Signature	Date

MUSEUM HOURS	<u>APRIL through LABOR DAY</u> Exhibits Tue Wed Thu Sun 1-4pm Office Tue Wed Thu 10am-4pm	<u>After LABOR DAY through MARCH</u> Exhibits closed until April Office Tue Wed Thu 10am-3pm	South Wood County Historical Museum 540 3rd St S Wisconsin Rapids WI 54494 715.423.1580 swch-museum.com
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Sign and return PHOTOGRAPHY AGREEMENT to Museum.

INTERNAL USE: Fee paid Date _____ | \$ _____ | Ck # _____ |