

**Gardens of the Fox Cities Photo Permit**

Name of Photographer \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
Subject's Name

\_\_\_\_\_  
Requested Portrait/Sitting Date Requested Sitting Time

1. We have enclosed (check one)  
    \_\_\_\_\_ \$50 Scheduling Fee or  
    \_\_\_\_\_ \$250 Annual **Business Partners' membership**, which entitles me to  
        an annual photo permit, along with all the other benefits associated  
        with a **Business Partners' membership**.
2. We understand that Gardens of the Fox Cities will issue a duplicate copy of this agreement as confirmation once the deposit has been received.
3. By signing this agreement, we acknowledge that we have read Gardens of the Fox Cities' Photo Policy. We agree to abide by these conditions. I agree to indemnify and hold harmless Gardens of the Fox Cities, 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 to Gardens of the Fox Cities.

\_\_\_\_\_  
Signature of Designated Photographer Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Gardens of the Fox Cities' Representative Date Fee Received

Please make check payable to: **Gardens of the Fox Cities**. Mail form to: Gardens of the Fox Cities, 1313 E. Witzke Blvd., P.O. Box 2603, Appleton, WI 54912-2603