



Franklin Park Conservatory  
and Botanical Gardens

PHOTOGRAPHY/VIDEOGRAPHY APPLICATION

Date of Application: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Contact Name and Affiliation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested Session Date: \_\_\_\_\_ Alternative Date: \_\_\_\_\_

Please describe the nature of the shoot. What will the photography be used for?

\_\_\_\_\_

Total number of people involved in shoot (including, but not limited to, photographer, camera person/crew, production assistants, on camera talent, hair, make up, wardrobe and others onsite during shoot): \_\_\_\_\_

**Please Verify:**

\_\_\_\_ I have read and agree to abide by all the rules set forth in the **Franklin Park Conservatory and Botanical Gardens Photography/Videography Policy**. I understand that failure to comply with the policy could result in our being asked to leave the premises and forfeiture of fees.

\_\_\_\_ I will provide a Certificate of Insurance in the amount of \$1,000,000 against damages to persons, grounds, buildings or plant life, and naming **Franklin Park Conservatory and Botanical Gardens** as additional insured, no later than seven business days before the photography/filming is to take place.

\_\_\_\_ I understand that, upon approval of this application, I must remit payment to **Franklin Park Conservatory and Botanical Gardens** no later than two weeks prior to the photography/filming is to take place.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

**Franklin Park Conservatory and Botanical Gardens**  
1777 East Broad Street  
Columbus, OH 43203

**Phone: 614.715.8100**

**Fax: 614.715.8197**

**Email: [Eventsales@fpconservatory.org](mailto:Eventsales@fpconservatory.org)**