



Washoe County COMMUNITY SERVICES DEPARTMENT

REGIONAL PARKS AND OPEN SPACE APPLICATION FOR COMMERCIAL PHOTOGRAPHY PERMIT

Name of Company or Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Today's Date: _____

Park Name: _____

Areas of Intended Use: _____

Description of Use: _____

Dates Requested: From _____ To _____

Name of Field Representative Available During Filming: _____

Average Number of Persons to be On-site Per Day: _____

Will any Employees (or security) be staying in the Park overnight?

Yes ___ No ___ (Explain) _____

How many vehicles will be used? (political and commercial photography/filming only)

Buses _____ Trucks (3 tons or less) _____ Passenger Cars _____

Trucks (Over 3 tons) _____ Motor homes/Trailers _____

Cranes, Heavy Equipment, Generators, etc. (please list) _____

Any special requirements? _____

Washoe County Risk Management may require certain permit holders to provide Liability Insurance in the amount of \$1,000,000.00.

Dated this _____ day of _____, 20_____.

Authorized Signature

Name of Organization (if applicable)



Washoe County

COMMUNITY SERVICES DEPARTMENT

COMMERCIAL PHOTOGRAPHY PERMIT HOLD HARMLESS

I agree to reimburse Washoe County for any damage done to its property by myself or any other person associated with my group or myself. I also agree to save and hold Washoe County and its officers, agents, servants, and employees harmless from any claim by any person resulting from my use of the facilities including, without limitation, any claims for damages resulting from death or injury to any person or damage to any property arising out of my activities at the facilities except those directly and proximately resulting from the intentional or negligent acts of County employees acting within the scope of their official duties.

I agree to give Washoe County prompt and timely notice of any claims made or suit instituted which may directly or indirectly affect Washoe County or its officers, agents, servants, and employees.

I agree to reimburse Washoe County for any expenses incurred in responding to or defending any claims or suits, including the reasonable value of any services rendered or time spent by County officers or employees in responding to or defending such claims or suits.

I certify that I have the authority to enter into this agreement on behalf of the entity or organization described below and am executing this agreement on its behalf.

Dated this _____ day of _____, 20_____.

Authorized Signature

Name of Organization (if applicable)