**APPLICATION FOR COMMERCIAL PHOTOGRAPHY PERMIT**

\*\*Complete all areas of the application. Use N/A where not applicable\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Click or tap to enter a date. | | | | |
| Company/Name: | Click or tap here to enter text. | | | | |
| Contact Person: | Click or tap here to enter text. | | | Will you be the contact during shoot/filming?  Yes  No | |
| Phone/Cell: | Click or tap here to enter text. | Email: | | Click or tap here to enter text. | |
| Address: | Click or tap here to enter text. | | | | |
| City/ State/ Zip: | Click or tap here to enter text. | | | | |
| Shoot/Film Contact: | Click or tap here to enter text. | | Phone/Cell: | | Click or tap here to enter text. |

1-day Permit 1-day Permit  Annual Photo Permit  Commercial Productions

1-25 people 26-100 people 1-25 people Filming: TV/Movies/Ads/Documentaries etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will the photo(s)/film be used on social media/website or for advertising/marketing? Yes  No | | | | | |
| Requested Park: | | | Click or tap here to enter text. | | |
| Specific Areas of Intended Use: | | | Click or tap here to enter text. | | |
| Description of Use: | | | Click or tap here to enter text. | | |
| Date(s): | From: Click or tap to enter a date. | | | To: | Click or tap to enter a date. |
| Hours: | From:Click or tap here to enter text. | | | To: | Click or tap here to enter text. |
| Special Requirements: | | | Click or tap here to enter text. | | |
| Number of Persons on-site: | | | Click or tap here to enter text. | | |
| Will props, equipment or vehicles be used during the shoot/filming: Yes  No | | | | | |
| If yes, type: | | Click or tap here to enter text. | | | |

* Additional permits from other Washoe County Departments/Division may be required.
* No overnight permitted without written permission.
* Parks open at 8am and close at dark. Permission to access parks after hours must be approved.
* Washoe County Risk Management may require certain permit holders to provide Liability Insurance naming Washoe County as an additional insured in the amount of $1,000,000.00.
* Photo shoot set up (props etc.) is not permitted without prior authorization.
* Chapter 95, 95.260 Abusive language; disturbances. No person may:
* Use threatening, abusive, boisterous, insulting or indecent language or make indecent gestures in any county park.
* 2. Conduct or participate in a disorderly assemblage. [§16, Ord. No. 229]
* Chapter 95, 95.270 Nudity and disrobing
* No person may publicly appear nude or disrobe while in any county park, except in authorized areas of buildings set aside for that purpose. [§17, Ord. No. 229]

Authorized Signature (required):

Print Name:

Name of Organization:

Date:

**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.

Authorized Signature (required):

Print Name:

Name of Organization:

Date: