

**FILMING AND PHOTOGRAPHY
IN THE GALLERIES
AGREEMENT and INVOICE**

SHELDON JACKSON MUSEUM

104 College Drive, Sitka, AK 99835
Ph: (907) 747-8981 Fax (907) 747-3004
www.museums.state.ak.us

REQUESTOR'S ADDRESS INFORMATION:

Contact: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

FILM CREW OR PHOTOGRAPHER'S INFORMATION:

Name: _____ Contact Phone Number During Project: _____

CONDITIONS

- All rights are one time, non-exclusive use per publication or production.
- An Image Use Agreement form must be completed and authorized if specific objects are filmed or photographed.
- The Museum may determine that the proposed project requires working after public hours. A service fee of \$60.00 per hour per employee will be charged for projects completed after public hours. At least 2 museum employees must be present.
- A service fee of \$60.00 per hour may be charged for extraordinary staff services during public hours.
- **CREDIT LINE:** If the material is published in any manner, a credit line must appear in the final production or product: **"Filmed or Photographed on location at the Sheldon Jackson Museum in Sitka, Alaska."** An additional credit line may be required if a specific object is featured in the film or photograph; see the Image Use Agreement form if this is necessary.
- The photographer is responsible for obtaining written consent from individuals that will be filmed or photographed during the project.
- Authorization will be granted when this agreement is completed and signed by Museum staff and payment is received in full.

DESCRIPTION OF THE PROJECT:

PROJECT DATES:

Purpose and intended use of the project: _____

Intended audience and estimated audience size: _____

Proposed use of the museum including the desired gallery locations, specific exhibitions, specific objects, and public participation: _____

Proposed equipment use and technical requirements including tripods, lights, track, power cords, audio recording, HVAC (ventilation) shutdown: _____

Estimated time to photograph or film: _____

MUSEUM REQUIREMENTS (to be completed by a museum representative):

Discussed with Curator of Collections Museum Employee overseeing the project: _____
Assistance has been arranged with the following sections: Security Exhibits Conservation Collections

REQUESTOR'S SIGNATURE indicates the requestor agrees to the above conditions.

Requestor's signature _____ Date _____

SERVICE FEES:

Services:	Number of Hours -1/2 hr. min	Number of staff	Fee:	Total:
			\$60.00/hr	\$

PAYMENT IN U.S. CURRENCY:

Make checks payable to the Alaska State Museum	Method of Payment	Payment Received By:	Date Received:

MUSEUM AUTHORIZATION:

Chief Curator's or Designee's Signature: _____ Date _____