



Photography Permit

Approved By: _____

Date and Time of Arrival: _____

Name and phone number of photographer: _____

Number of people participating in photo shoot: _____

There is a \$100 Fee for Four Arts Photography. Please indicate your method of payment:

Check (Must be received before permit will be issued) Visa MasterCard

Card Holder Name: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

Please limit photography sessions to one hour or less.

Weather permitting, the gardens are open daily from 10 to 5. Please plan on concluding your session during these hours as we are unable to adjust opening and closing times for photography sessions.

In the event of bad weather, we cannot issue refunds but will be happy to reschedule your session.

Please check in with the guard on duty and present your approved permit and proof of payment. During weekdays, check in with the library reception desk.

The Philip Hultar Sculpture Gardens function as an outdoor museum. Please treat the plants and sculptures like you would treat objects in a museum. Walking through flower beds, climbing sculptures or otherwise interfering with plants is strictly forbidden. Anyone caught damaging plants will be asked to leave and no refund will be given.

Do not climb on sculptures, chairs, benches, ledges or on the sides of fountains. Anyone caught climbing on sculpture will immediately be asked to leave.

Do not interfere with other guests. If guests are using a facility, photography participants will find an alternate location to take their pictures.

Photographs are for private use only and will not be resold or published.

All photographers assume full responsibility for the conduct of all persons participating in the photo shoot. The main contact/photographer (listed above) will be responsible for any damage done to the premises by their guests, agents, employees or independent contractors. **The Society of the Four Arts is not liable for any injuries or damages that may occur during a photo shoot.**

I have read the above rules and agree to abide by them while visiting The Society of the Four Arts. I agree to reimburse The Society of the Four Arts for any damages incurred during my photography session.

Signature: _____

Print Name: _____