



# ON LOCATION PHOTOGRAPHY & VIDEO SHOOT APPLICATION

Please complete the following application and include proof of insurance and indemnification of the California Museum as your shoot location to [museuminfo@californiamuseum.org](mailto:museuminfo@californiamuseum.org) a minimum of five (5) business days prior to requested shoot date. Thank you!

## I. CONTACT INFORMATION

Application date

Name of Organization Signing Contract

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Please list all requested shoot date(s) and provide alternate dates in case first choice is not available.

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Name of Primary Production Contact

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Name & Title

Company

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Address

City

State

Zip

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Phone Number

Fax

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Email

Website

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Name of Secondary Production Contact

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Name & Title

Company

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Address

City

State

Zip

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Phone Number

Fax

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Email

Website

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**II. OUTLINE OF PROPOSED SHOOT**

Please provide a brief synopsis of your requested onsite shoot and how materials will be used.

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List all Museum exhibits and spaces you wish to include in your shoot.

Describe all usages of footage taken on location at the California Museum.

Story line (please note a full script may be requested for television and film requests)

List any parts of the California Museum or any exhibits that will be recognizable in final product.

List any intellectual property such as logos, photos, sound recording or videos that will be recognizable in final product.

Potential air/release date:

How will the final product to be distributed and/or viewed by the public and/or audiences?

**III. SHOOT SCHEDULE**

Location A: (example: Museum Lobby)

Numbers of hours at this location: \_\_\_\_\_

Set up in this location: (example: 2 stationary cameras) \_\_\_\_\_

Crew members at this location: (example: 4 crew, 1 actor) \_\_\_\_\_

Special needs at this location: (example: outlet for lighting) \_\_\_\_\_

Location B: (example: Museum Lobby)

Numbers of hours at this location: \_\_\_\_\_

Set up in this location: (example: 2 stationary cameras) \_\_\_\_\_

Crew members at this location: (example: 4 crew, 1 actor) \_\_\_\_\_

Special needs at this location: (example: outlet for lighting) \_\_\_\_\_

Please attach additional sheets as needed to list all areas of the California Museum you wish to film.

**IV. PROOF OF INSURANCE & INDEMNIFICATION**

\_\_\_\_\_ Please initial you have attached required liability insurance listing the California Museum as additional insured.

\_\_\_\_\_ Please initial you have attached required proof of indemnification for the California Museum.

**PLEASE NOTE SUBMISSION OF THIS APPLICATION DOES NOT IMPLY OR AUTHORIZE A SHOOT. INCOMPLETE APPLICATIONS WILL DELAY PROCEEDING TIME.**

Name & Title of Applicant:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_