

**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](http://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 \$40.00 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 \$50.00 per hour may be charged for 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:
			<b>\$50.00/hr</b>	<b>\$</b>

**PAYMENT IN U.S. CURRENCY:**

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

**MUSEUM AUTHORIZATION:**

Chief Curator's or Designee's Signature: \_\_\_\_\_ Date \_\_\_\_\_