American Sign Museum Photoshoot Policy & Agreement

Congratulations on choosing the American Museum for your photography session! We are pleased to offer a unique setting for your photoshoot whether celebrating a wedding, a graduation, or another occasion. An American Sign Museum staff member will be assigned to your photoshoot to ensure an optimal and personal experience. Please note that the dates and times selected must be outside of normal museum hours - i.e. before or after daily hours of operation or on Mondays and Tuesdays.

As a Client (“client”) of the American Sign Museum (“Museum”), the client agrees to adhere to following rules and policies:

• This Agreement, together with payment of the Initial Deposit, must be signed and returned to the Museum within seven days of the photoshoot date. Failure of the Client to remit this signed agreement and payment within seven days of the photoshoot date shall be cause for termination of this Agreement.

• The Client assumes full responsibility and shall be liable for any damages to the Museum’s facilities and collections or to third parties in connection with or as a result of Client’s use of the Museum’s facilities. The Client agrees to provide a credit card to be held on file to cover the cost of any such damages and payable within (30) days upon demand by the Museum.

• The client shall not use or attempt to use any image of the Museum for any use or proposed use which might be reasonably be considered to be immoral, deceptive, scandalous or obscene; or to tarnish, damage or otherwise negatively affect the reputation and goodwill associated with the Museum.

• Food and drink will not be permitted in the Museum during the photoshoot.

• Per Responsible RestartOhio protocols outlined by the Ohio Department of Health, photoshoots are limited to groups of 10 people or less.

Rental schedule for an exclusive photoshoot session at the American Sign Museum:

• $50 non-refundable deposit required seven days prior to the photoshoot;
• $200 for the first hour;
• $100 per additional hour.

Client initial each line below:

_____ I agree not to handle or move artifacts and display pieces. Any damages that occur will be paid by the Client’s credit card held on file.

_____ I agree to identify the American Sign Museum in publication as: “The American Sign Museum, Cincinnati, Ohio.”

___________________________  ____________________________
Client Signature                     Date

____________________________
Client Name (please print)

___________________________  ____________________________
American Sign Museum Authorized Signature                     Date

____________________________
American Sign Museum (Print Name)

*Note: The agreement and deposit must be signed and returned at least seven days prior to the session date.*
Client Name: ____________________________________________
Client Email: _______________________________ Client Primary Phone: (______) _________
Address: __________________________________________________________________________
City/ State / Zip ______________________________________________________________________

Date Requested: _____________________________ Time Requested: ____________________________

Please note that the dates and times selected must be outside of normal museum hours - i.e. before or after daily hours of operation or days on which the Museum is closed to the general public.

Name(s) of Couple or Group OR Photographer Name / Studio:
____________________________________________________________________________________

Type of Photoshoot (wedding, graduation, etc.) ____________________________________________

Credit Card Information

____________________________________________________________________________________

Name as it appears on the card
____________________________________________________________________________________

Billing Address including City, State, Zip
____________________________________________________________________________________

(Visa, Mastercard, Discover AmEx) ____________________________________________________________________________ Card Type – please circle
Card Type – please circle

Expiration Date __________________________________________________________________________ Security Authorization Code __________________________________________________________________________

Deposit received on: ___________________________ Payment method: _________________________
Amount: $______________________________ Balance received on: __________________________
Payment method: _________________________ Amount: $______________________________