



# The Toledo Zoo

## Commercial Filming and Photography Application

Application Date: \_\_\_\_\_

Date(s) Requesting to Shoot: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_

Company/Organization Requesting Shoot: \_\_\_\_\_

Project Description: *(Please provide as much detail as possible about the project and the intended usage of the footage/photos)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Location(s) Within the Zoo for Filming *(if more than one location, please specify time at each):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Use of Materials: *(Please give names of programs, publications, etc)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When will it run/publish/timeframes of usage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will video/images be sold? \_\_\_\_\_ Estimated lifespan of product: \_\_\_\_\_

Will you be shooting Toledo Zoo visitors? Yes \_\_\_\_\_ No \_\_\_\_\_ Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Size of Film Crew: \_\_\_\_\_ Number of Talent: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ Estimated Length of Shoot: *(days and # of hours per day)* \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Set-Up/Tear-Down Time Needed: \_\_\_\_\_

*(continued)*

**Equipment to be Used & Quantity of Each:** \_\_\_\_\_

**Special Equipment Needed:** \_\_\_\_\_

**Electricity Hook-Up Needed:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If more than a one day shoot, is overnight storage or parking requested? If so, please specify:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

*The Toledo Zoo reserves the right to cancel any shoot at any time if it is not in the best interest of the Zoo animals or visitors, or if it defies the Zoo's mission or any of the guidelines outlined in the Commercial Film and Photography Guidelines*

\_\_\_\_\_ I have read and agree to the terms of the [Commercial Video and Photography Guidelines](#).

\_\_\_\_\_ We will sign and abide by the Zoo's [Hold Harmless Agreement](#).

\_\_\_\_\_ We can provide a certificate of insurance for the noted insurance requirements outlined in the [Guidelines](#).

**Contact Information:**

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please Submit completed form to:** [toledozooinfo@toledozoo.org](mailto:toledozooinfo@toledozoo.org), fax to 419.724.0066 or mail to

PO Box 140130, Toledo, OH 43614-0130 Attn: Marketing & Public Relations Department