



ROME ART AND COMMUNITY CENTER

Celebrating 50 Years

308 West Bloomfield Street
Rome, New York 13440
Phone (315) 336-1040
Fax (315) 336-1090
www.romeart.org

Photography Permit Form

Photo Date Requested: Time Reserved: Today's Date:

Contact's Name: Photographer Name (If Different):

Address: City: State: Zip:

Phone: Email:

Room(s)/Grounds to be used:

Cost for Use of Room(s)/ Grounds: \$100.00 (Non Refundable) Total Paid: \$ Date Paid:

Cost of \$100.00 is for 2 hour or under rentals. Any time necessary beyond two hours will be \$50.00 an hour.

Payment is required at the time of the reservation. If received via mail, please sign & return form with payment payable to RACC.

Policies and Responsibilities for Using Rome Art & Community Center for Photoshoots:

- 1. You may use the foyer, living room, dining room, staircase, and the grounds of RACC for photographs.
2. Alcoholic Beverages and Smoking ARE NOT permitted on the premises and grounds of Rome Art & Community Center.
3. A \$100 non-refundable reservation fee is required at the time of reservation. One week notice is required to reserve space at Rome Art & Community Center. Any additional charge can be paid on the day of the event.
4. The person(s) listed above shall be responsible for maintaining the premises in the condition that they found them in.
5. The person(s) listed above are responsible for and shall reimburse and indemnify Rome Art & Community Center for any damages caused by them or any members of their party. Rome Art & Community Center shall not be liable for any injuries or damages to the person or property of any member of the party.
6. At least one of the photographs will be made digitally available to the RACC for marketing purposes.

Your signature hereby releases RACC from any claim for damage or injury arising out of their use of the Center and do further promise to defend, indemnify, and hold harmless the Center from any such claim, which may be made by any member of the party. Your signature certifies you have read, understand, and agree with all the above policies and responsibilities listed.

Renter Signature

Date

RACC Contact Representative Name:

RACC Representative Signature

Date