



KANSAS CITY, MISSOURI

# PARKS AND RECREATION DEPARTMENT Photo/Film/Video Permit Agreement

CONTACT: Heidi Downer, heidi\_downer@kcmo.org or 816/513-7527, 816/513-7715 (fax)

Park/Facility Requested:

Shoot Day and Date:

Time of Shoot:

Time of Setup:

Number of Participants involved in Shoot:

Specific Location:

Backup Day and Date:

Length of Shoot:

Time of Break-Down:

Applicant Name:

Company/Agency/Sponsor:

Address:

Contact Person:

Contact Phone:

Contact Fax:

City, State, Zip:

Contact Email:

Contact Cell:

Purpose/Description of Shoot:

Equipment to be used:

## REQUIREMENTS

**Contribution of** \_\_\_\_\_, check or money order, made payable to Kansas City, Missouri Parks and Recreation. Please mail payment to: Kansas City, Missouri Parks and Recreation-Marketing and Permits Division, 4600 East 63rd Street Kansas City, Missouri 64130. Payment must be received prior to shoot. FAX: 816/513-7715

**Certificate of Insurance** naming Kansas City, Missouri Parks and Recreation and the City of Kansas City, Missouri as additional insured on a general liability policy. Please mail with payment to the address above.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Provide a \_\_\_NA\_\_\_\_\_ **damage deposit** to be held until after a post-shoot evaluation of the site.

**Recognize** the City of Kansas City, Missouri Parks and Recreation as a credit in the finished product.

*I hereby certify that the above information is complete and correct and agree to all requirements set forth.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

(KCMO Parks and Recreation Staff)