

## **DUBUQUE ARBORETUM & BOTANICAL GARDENS POLICIES FOR PROFESSIONAL PHOTOGRAPHERS**

The following policies apply to all professional photographers. The term “Gardens” as used throughout this document refers to the Dubuque Arboretum & Botanical Gardens.

1. Keep all equipment (including tripods) and people on pathways. Do not position anyone on rocks or in flower beds to take pictures.
2. The Gardens are a smoke free facility. No smoking is allowed by photographers or any person in the wedding or other grouping. If anyone is seen smoking they will be asked to leave the premises.
3. Do not climb trees or enter waterfall areas. Do not touch or move plant life. All persons are required to stay on the paths.
4. Do not hang backpacks or props of any kind on trees, plants, or items belonging to the Gardens.
5. The Gardens assumes no responsibility for loss, theft, or damage to equipment or valuables.

### **Photography Fee:**

\$50.00 for a one (1) time photography session The fee must be paid in advance of the photography event and scheduled with the Arboretum office **OR**  
\$200.00 per year, renewable each year, for unlimited photography privileges  
Forms are available at [dubuquearboretum.com](http://dubuquearboretum.com) and may be filled out prior to registration and payment of fees.

Upon payment of the fee, either the one-time or annual, a neck tag will be issued and will be required to be worn at each photography event at the Gardens. Upon arrival for each shoot, photographers shall report to the Visitor’s Center to sign in and receive neck tag. Anyone taking professional pictures and not wearing this neck tag will be asked to leave the Gardens.

On the day of the event to be photographed, any wedding that has been scheduled and paid for at the Gardens will have priority over any other photography event.

The Dubuque Arboretum & Botanical Gardens reserves the right to amend these policies when deemed in the best interests of the Gardens.

February, 2010

# PHOTOGRAPHY FEE FORM 2010

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone Number where you may be reached: \_\_\_\_\_

Annual Pass \_\_\_\_\_ One Time Pass \_\_\_\_\_

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

(Visitor Center Personnel)

Check # or Cash: \_\_\_\_\_ Tag Issued Date: \_\_\_\_\_