Personal Photography Session Permit Guidelines

Thank you for choosing Fairchild Tropical Botanic Garden for your photography session. Unlike any other South Florida location, Fairchild is a beautiful botanical garden that showcases rare tropical plants. Established in 1938, the 83-acre garden in Coral Gables, Florida, serves as a naturally picturesque setting for photographs. We ask that you support our mission to preserve Fairchild’s unique collections during your photography session by adhering to the following rules and regulations.

GUIDELINES

- Permit rates are for personal wedding, engagement, quinceañera, portrait or group photographs only.
- The rates listed are based on group size, including the photographer and any crew members
- Additional guests are $25.00 per person.
- Rates include access to the garden for up to two (2) hours between the hours of 9:30 a.m. and 4:30 p.m.
- Drones: Fairchild does not permit use of personal and professional drones in the Garden.
- Permits can be purchased at The Shop at Fairchild located at the Jean Ellen Shehan DuPont Visitor Center. For more information please call 305.667.1651 ext. 3305.

<table>
<thead>
<tr>
<th>Rate (plus 7% sales tax)</th>
<th>Group Size</th>
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<tbody>
<tr>
<td>$200 (SKU 31877)</td>
<td>Party of seven (7) including the photographer</td>
</tr>
<tr>
<td>$100 (SKU 31876)</td>
<td>Party of three (3) including the photographer</td>
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PERMIT

- Permit is provided upon receipt of fee and is available in The Shop at Fairchild on the day of the photography session.
- You are required to show the permit to security personnel at Fairchild Tropical Botanic Garden, should they ask.

DRESSING ROOMS

- You may use our public restrooms for changing; we only ask that you take all personal belongings with you.

ADDITIONAL INFORMATION

- Payment must be made in full on the day of the photography session.
- Payment may be made by check, cash or credit card.
- The above mentioned rates are for personal photography only. For further information on commercial photography or film sessions, please contact Fairchild’s Special Events Department at 305.667.1651.

10901 Old Cutler Road, Coral Gables, Florida 33156-4296 USA
305.667.1651  www.fairchildgarden.org
Personal Photography Session Permit Guidelines

Applicant Name: ____________________________________________

Address: __________________________________________________

City, State, Zip Code: ________________________________________

Phone Number: _____________________________________________

Date of Photography Session: __________________________ Time (two-hour limit): ______________________

Payment Information
• Party of seven (7) including the photographer $200 + 7% sales tax SKU 31877
• Party of three (3) including the photographer $100 + 7% sales tax SKU 31876
• Additional Guests x ______ $25 + 7% sales tax

SIGNATURE BELOW INDICATES AGREEMENT TO ABIDE BY PERMIT GUIDELINES

Signature: ___________________________ Date: ___________________________

Assumption of Risk and Release of Liability

I fully and absolutely assume all risk of injury to myself, including, but not limited to death, and hereby unconditionally and absolutely release, even for their own negligence, indemnify and hold harmless Fairchild Tropical Botanic Garden and its officers and directors, employees, agents, representatives, and its insurers, from all claims for damage or injuries of any kind sustained by myself or my guests, now or in the future, arising from my rental and use of Fairchild Tropical Botanic Garden facilities for the following photography session.

Applicant: ____________________________________________

Date and time of Photography Session: __________________________

I have read this Assumption of Risk and Release of Liability and understand that it is an absolute release and I execute the same freely and voluntarily and accept and agree to its terms and conditions.

Executed this __________________ day of __________________________, ____________.

Participant:
_________________________________________ (Signature) ___________________________ (Print Name)

Witness:
_________________________________________ (Signature) ___________________________ (Print Name)