



Photo and filming permission

Name:

E-mail:

Phone number:

Date for photographing/filming:

Billing address:

Photographing/filming specific art works

Request for permission to film/photograph the following works of art from Gothenburg Museum of Art collection:

Photographing/filming environments of the museum

Request for permission to film/photograph the following galleries of Gothenburg Museum of Art:

Purpose with the shooting:

Will be published in/at:

The permit is only valid once and with the following conditions. The image material may not be used for commercial purposes without permission from the Gothenburg Museum of Art. When publishing images of an artwork, it must clearly be stated that the work is part of the Gothenburg Museum of Art's collection, together with the artist's name and title of the work.

Cost per hour for security, minimum 2 h (SEK) _____

By signing you undertake the obligation to follow the conditions stated above together with the Regulations regarding photographing and filming at the Gothenburg Museum of Art.

Date:

Signature:

Date:

Signature:
