

REPRODUCTION AGREEMENT



Name _____
Title _____
Institution _____
Non-profit _____ For-profit _____
Address _____
Phone _____ Fax _____
Email _____

Mail, email or fax to:
Marketing
1 Wade Oval Drive
Cleveland OH 44106
Email: marketing@cmnh.org
Fax: 216.231.5919
Phone: 216.231.4600 x 3249

Description of copyrighted material requested: _____

Description of project: _____

How image/text/video or film footage will be used:

Textbook _____ Book _____ eBook _____ Periodical _____
Independent Film _____ Commercial Film _____ TV Broadcast _____ CD Rom _____
Website URL _____ Other _____

Quantity to be produced: _____

Publication date: _____

Conditions:

- The Museum will give no exclusive rights in any medium for duplication of Museum copyrighted images, graphics or text by others. Only one-time rights will be granted. All reprints, further editions or use of image, other than for this agreement, require a new application to the Museum and may require an additional fee. This also applies to television programs where permission to reproduce covers one broadcast only. Images/graphics/text may not be used in other online social media except URL as designated above.
Museum images, graphics and text are to be used only for the purpose(s) specified above.
A credit line must be given for each image reproduced or at the close of a film. Unless otherwise specified the credit line should read: The Cleveland Museum of Natural History.
The Museum requires two complimentary copies of the material in which a Museum produced image or text appears.
Photographic materials are either loaned or rented. They remain the property of the Museum and must be returned within three months. Digital images must be deleted after the same period.
No alterations, additions or subtractions in respect of the photograph(s) by digitization, use of a computer, or by any other means (unless such changes in the photograph(s) are discussed in advance and approved) without the permission of an authorized Museum representative.
All fees are due upon the receipt of a Museum invoice.

I agree to the conditions stated above. Applicant Signature _____ Date _____

Upon acceptance of the above conditions, permission is granted for one-time nonexclusive reproduction only. If a subsequent reproduction is desired, a new application must be submitted.

Fee Charged _____ Museum Representative Signature _____ Date _____