SANTA FE BOTANICAL GARDEN

Portrait Photography Agreement and Acknowledgment

We welcome family, engagement, wedding, quinceañera, graduation, and other personal portraits. Please protect the Garden and keep it enjoyable for everyone. Share your visit on personal social media and tag us!

Social media accounts: @santafebotanicalgarden Hashtags: #santafebotanicalgarden #visitsfbg

Before your session, the photographer and an adult group representative must sign this document at the Visitor Center.

Admission and hours. No photography fee or reservation is required for personal portraits. Everyone, including photographers, pays regular general admission unless covered by a valid Garden membership. This agreement applies only during regular public hours, not after hours or during special events. Enter at least one hour before closing and leave by closing time.

Shared public space. No area is reserved or exclusive to your session. You may not ask other guests to move or leave an area for your photographs. Keep entrances and paths open; do not disrupt visitors, traffic, events or maintenance. Follow staff directions and posted restrictions. Staff may redirect or pause sessions for crowding, maintenance, private events or unsafe weather. Specific garden backdrops are not guaranteed.

Protect the Garden. Everyone, including large groups, must stay on designated paths and in areas normally open to visitors. Do not enter beds or restricted areas, climb rocks, walls or trees, or climb, sit or stand on sculptures. Do not disturb, damage or remove plants, labels, containers or Garden features. Do not rearrange benches, chairs or other furnishings, or hang bags or equipment on plants or trees.

Handheld equipment only. Bring only handheld cameras or phones. No tripods, stands, reflectors, lighting, other photography accessories, props, suitcases or rolling equipment cases. Permitted items must fit in a backpack or be carried in hand; prohibited items remain prohibited even if they fit in a backpack.

Arrive ready. Come dressed and ready; changing facilities are unavailable. Outfit changes, including in restrooms, and hair or makeup stations are prohibited in the Garden. Large groups should call ahead to check for conflicting events. Unscheduled or “Pop-Up” ceremonies of any kind are not permitted; ceremonies require a completed and finalized rental agreement with Santa Fe Botanical Garden in advance.

Other garden etiquette. No smoking or outside alcohol. Do not scatter rice, birdseed, confetti, petals, potpourri or similar materials. Candles, balloons, fireworks and sparklers are prohibited. Take all belongings and litter with you. Pets are not permitted. Drones are not permitted.

Commercial photography. Commercial photography is only allowed with advance permission. Please refer to the commercial photography agreement and acknowledgement for more information.

By signing, we agree to follow this agreement and share it with our party. Staff may stop a session or ask participants to leave for violations.

Adult group representative

Name _____

Signature _____

Date _____

Phone _____

Email _____

Street address _____

City / State / ZIP _____

Photographer

Name _____

Signature _____

Business name (if any) _____

Phone _____

Email _____

Street address _____

City / State / ZIP _____

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Commercial Photography Agreement and Acknowledgment

Commercial photography. Commercial photography or filming, including advertising, product promotion or sponsored content, requires advance scheduling, approval, and negotiation of commercial photography fees through the Executive Director or Marketing and Communications Manager. Hiring a photographer for personal portraits does not, by itself, make a session commercial. Reach out to info@santafebotanicalgarden.org to inquire about commercial photography opportunities.

Media. For all media inquiries, please reach out to info@santafebotanicalgarden.org

Commercial Representative

Name _____

Signature _____

Date _____

Phone _____

Email _____

Street address _____

City / State / ZIP _____

Photographer

Name _____

Signature _____

Business name (if any) _____

Phone _____

Email _____

Street address _____

City / State / ZIP _____