



# The College of Physicians of Philadelphia

MÜTTER MUSEUM | HISTORICAL LIBRARY and WOOD INSTITUTE | PHILLY HEALTH INFO.ORG  
KOOP COMMUNITY EDUCATION CENTER | BENJAMIN RUSH MEDICINAL PLANT GARDEN

## Mütter Museum Photography Request Form

The Mütter Museum of The College of Physicians of Philadelphia encourages scholarly, teaching, and artistic interest in the collections which include anatomical specimens, artifacts, and texts. As a general rule, photography is not permitted inside the Museum. Exceptions may be granted to scholars, filmmakers, and other professionals on a case-by-case basis. When reviewing requests, the Museum considers:

- how the artist or photographer intends to obtain images in the galleries or storage areas;
- the artist's or photographer's vision of how the Museum will be represented;
- how Museum specimens or artifacts will be represented and in what media;
- how Museum materials may be endangered;
- how the artist's or scholar's audiences may perceive the Museum's resources; and
- the Museum staff time involved.

Please note the following:

- Cases *may* be opened to accommodate photographic requests. Specimens *may* be moved to other locations if possible.
- No additional lights, tripods, large equipment, or reflectors are allowed inside the Museum.
- No videotaping in the Museum is permitted.
- The Museum restricts filming or photography of the Soap Lady, teratological specimens (monstrous births), and human fetuses.
- Decisions on photographic exemption requests are final.

Submit this form with a résumé, sample portfolio, or other relevant document that establishes your appropriate background or qualifications.

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### Requestor Contact Information

<i>Print Name</i>			
<i>Organization</i>			
<i>Address</i>			
<i>Web site</i>			
<i>Phone #</i>		<i>Email</i>	
<i>Cell #</i>		<i>Fax #</i>	



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Please briefly describe your reason/purpose for photographing in The Mütter Museum. Attach additional pages as necessary. (If final product is displayed publicly or published in any way including at an artist's Web sites or blog please complete the Publication Permission form).

Describe or identify the objects, specimens, or other objects you wish to photograph.

Please describe the final product (media) of these photographs.

Photography request date(s):

Time of visit\*:

\*Available Museum Hours are Mon – Fri 10 am – 4 pm ONLY. After-hours or before-hours photography sessions may be requested or required.

Estimated number of hours:



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The undersigned is hereby granted a one-time limited permission by The College of Physicians of Philadelphia to photograph objects in the collection of the Mütter Museum. The undersigned agrees that photographs taken by the undersigned at the Mütter Museum shall not be publicly exhibited, reproduced in any media, or used commercially in any manner whatsoever, electronic or otherwise, without the express written consent of The College of Physicians of Philadelphia.

Violation of the conditions of this permission to photograph may result in legal action against the undersigned.

\_\_\_\_\_  
Signature Print Name

\_\_\_\_\_  
Date

Please fill out this form and email it to [imaging@collegeofphysicians.org](mailto:imaging@collegeofphysicians.org) and send a signed copy to:

Imaging Services  
The College of Physicians of Philadelphia  
19 South 22nd St.  
Philadelphia, PA 19103

Response may take a minimum of two weeks or more depending on the nature of the images requested.

------(For College Use only)-----

Request received: \_\_\_\_\_

Estimated fee: \_\_\_\_\_

Down payment received/date: \_\_\_\_\_ / \_\_\_\_\_

Final payment amount: \_\_\_\_\_

Date completed: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_