

PHOTOGRAPHY & FILMING REQUEST FORM

Please fill out this agreement form and initial each point to confirm you have read and agree to the conditions and expectation of UTC Campus Recreation. Submit the completed form to the Coordinator of Operations at least 48 hours before the desired shoot. All requests will receive an e-mail confirmation. Upon approval please bring your confirmation with you on the designated photo shoot day.

Print Name:Today's Date:							
E-mail:		Telephone:					
Address:							
If UTC Student or Faculty/Stat	ff, please list UTC ID:						
Date of Filming:	Begin Time:	am	pm	End Time:	am	pm	
Campus Recreation facility an	nd/or program to be film	ned:					
Purpose of filming:							
Number of Photographers/Cr	rew:						
A Campus Recreation Photography and vid locker rooms or rest All photography and and service to its me or other high-traffic It is the responsibility photographic/video photographic/video UTC Campus Recreat to photograph on its I have read and agree to the	leography, as well as use room facilities. videography must be co embers or limiting access locations within Campu y of the photographer/v subjects. We recomment subjects prior to filming tion reserves the right, as	nust be worn e of cell pho- onducted wi s to equipm s Recreation ideographe nd that you s t its sole dis	thout of ent, standard facility r to secure accretion applys of	not permitted in Car disrupting Campus R airwells, entrances/e ies. cure prior permission signed photo releas n, to withhold and/o fits facilities, membe	ecreation oper exits, high traff n by all ses from your or withdraw per	rations ic areas	
Signature			Date				
FOR USE BY CAMPUS RECREAApprovedDenied	ATION:						
	Signature			Di	ate		
Notes:							