THE DEPARTMENT OF CAMPUS RECREATION
MEDIA REQUEST FORM

Name ____________________________________________________________

Date and Time Requested __________________________________________

Z Number ________________________________________________________

Contact Number __________________________________________________

Email Address ____________________________________________________

Requested Area:
Cardio Room
Stretch Room
Weight Room
Group Fitness Studios
Challenge Course/Rock Wall
PrimeTime Courts
Other: __________

When taking pictures or shooting video (including the use of capable cell phones) by individual(s) or the media:
• Must obtain prior permission from Director, Associate Director of Programs, or Coordinator of Marketing and Member Services.
• All shooting must be conducted in a safe manner
• All shooting must be contained to the areas agreed upon
  o Pictures are not allowed to be taken in the locker rooms & restrooms
• Recreation & Fitness Center may only be utilized before 4:00pm daily.
  o Must receive permission from all subjects included in the picture/video and provide a copy of the waiver for each subject to the Department of Campus Recreation (Waiver form on following page)
  o All precaution must be taken to ensure the prevention of any potential damage to the facility; i.e. tripod must possess end caps.
• Any damage incurred during the shooting will be assessed to the individual(s)
• All shooting must not interfere with normal operation
• Please respect patrons’ privacy and space at all times

MUST PRESENT THIS PERMIT TO THE FACILITY SUPERVISOR ON DUTY BEFORE FILMING
Violation of any of the above guidelines will result in a permanent ban for future filming or possible disciplinary actions including loss of recreation privileges.

Requestor’s Printed Name ___________________________ Requestor’s Signature ___________________________

Campus Recreation Staff Member ___________________________ Date ___________________________

OFFICE USE ONLY
Date Received __________ Received By __________ Approved by __________
PHOTO/VIDEO RELEASE FORM

I hereby give permission for the name, likeness and biographical material of the participant listed below to be solely for the purposes of Florida Atlantic University and ACIS – related promotional material and publication and waive any rights of compensation or ownership thereto.

___ Student ___ Faculty ___ Staff ___ Other

Name of Participant (please print): ____________________________________________________________

Z Number: ____________________________________________________________________________

Address: ______________________________________________________________________________

City: _______________________________________ State: _______________ ZIP: _______________

Participant’s Signature: __________________________________________ Date: _________________

Phone number: ______________________________ Email: _______________________________

OFFICE USE ONLY:
M F • W B H A O _______ HR_______ TOP: _________ BOT: ____________

Marketing and Creative Services
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