

**THE DEPARTMENT OF CAMPUS RECREATION**  
**MEDIA REQUEST FORM**

Name: \_\_\_\_\_ Z Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date & Time Requesting to Film: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Area (please select all spaces):

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Cardio Room     | <input type="checkbox"/> Studio A         | <input type="checkbox"/> Mac Gym          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Stretching Room | <input type="checkbox"/> Studio B         | <input type="checkbox"/> Pool             |                                       |
| <input type="checkbox"/> Strength Room   | <input type="checkbox"/> Studio C         | <input type="checkbox"/> Challenge Course |                                       |
| <input type="checkbox"/> Functional Room | <input type="checkbox"/> Basketball Court | <input type="checkbox"/> Offices          |                                       |

Will other participants besides yourself be filmed? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide the purpose for the filming and how the footage will be used:

---



---



---

When taking pictures or shooting video (including the use of capable cell phones) by individual(s) or the media:

- Must obtain prior permission from Associate Director for Facility Operations or Assistant Director for Facility Operations
- All shooting must be conducted in a safe manner
- All shooting must be contained to the areas agreed upon
  - Pictures are not allowed to be taken in the locker rooms & restrooms
- Recreation & Fitness Center may only be utilized **before 4:00pm daily**
  - 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)
  - 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

<b>OFFICE USE ONLY</b>		
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  
777 Glades Road, Boca Raton, FL 33431-0991

Tel: 561.297.2080 • fax: 561.297.2307 • [wplate@fau.edu](mailto:wplate@fau.edu) • [www.fau.edu](http://www.fau.edu)

---

Boca Raton • Dania Beach • Davie • Fort Lauderdale • Harbor Branch • Jupiter • Treasure Coast

*An Equal Opportunity/Equal Access Institution*