



CAMPUS RECREATION

THE DEPARTMENT OF CAMPUS RECREATION MEDIA REQUEST FORM

Name _____

Date and Time Requested _____

Z Number _____

Contact Number _____

Email Address _____

Requested Area:

Cardio Room

Group Fitness Studios

Pool

Stretch Room

Challenge Course / Rock Wall

Offices

Weight Room

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
 - 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 _____

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
777 Glades Road, Boca Raton, FL 33431-0991

Tel: 561.297.2080 • fax: 561.297.2307 • wplate@fau.edu • www.fau.edu

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