PHOTO & FILM REQUEST FORM

This form must be completed in entirety by anyone requesting to photograph or film within the Boston University Fitness and Recreation Center. This form must be submitted at least 24 hours before the desired photo or film shoot.

Submit form via email: Kristina Covarrubias (kriscova@bu.edu) and Lindsey Simrell (lsimrell@bu.edu)

Or by fax: 617.353.5147, Attn: Kristina Covarrubias and Lindsey Simrell

Or in person: PERD Office on second floor of FitRec, Attn: Kristina Covarrubias and Lindsey Simrell

All requests will receive an email response. Please note: submitting a request does not guarantee confirmation, you will receive an email approving your request. Business hours are Monday–Friday, 9am–5pm; weekend/holiday requests will not be addressed until the following business day.

If you are approved to film or photograph within the facility please check in at the Front Desk, and check out when you leave the facility.

Name: ___________________________ BU ID# (if applicable): ___________________________ Date: ___________

E-mail: ___________________________ Tel. (mobile preferred): ___________________________

Address: ___________________________

Date of photography/filming: _______ / _______ / _______ Time Begin: _______ a.m./p.m. Time End: _______ a.m./p.m.

PERD facility or building to be photographed or filmed: __________________________________________

Specific area/space you intend to take pictures or film in: __________________________________________

Number of photographers/crew: __________________________________________

Activity to be photographed/filmed: __________________________________________

Organization represented (if any): __________________________________________

Purpose: Personal/Class Project/Other (please specify below):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PERD PHOTO/FILM POLICY:

Please initial to confirm you have read and agree to each condition listed below:

____ Photographs and video may not be published, sold, reproduced, transferred, distributed or otherwise commercially exploited in any manner whatsoever.

____ Photography and videography, as well as use of cell phones, is not permitted in the Aquatics Center as well as FitRec locker rooms or restroom facilities under any condition.

____ All photography and videography must be conducted without disrupting FitRec operations and service to its members or limiting access to equipment, stairwells, entrances/exits, high traffic areas or other high-traffic locations within FitRec facilities.

____ It is the responsibility of the photographer/videographer to secure prior permission by all photographic/video subjects. We recommend that you secure signed photo releases from your photographic/video subjects.

____ For Group Exercise Sessions, you must have prior approval to photograph/film these classes. You must arrive 10 minutes prior to the start of the session to explain the photography/filming needs to the group exercise instructor and get permission from session participants before proceeding with photography or videography.

____ For any shoot that involves children under the age of 16, you must get permission from parents before photographing/filming children.

____ The Boston University Department of Physical Education, Recreation, and Dance reserves the right, at its sole discretion, to withhold and/or withdraw permission to photograph on its premises or to reproduce photographs of its facilities, members and staff.

____ I hereby release and fully discharge BU, its trustees, officers, employees and agents, and all sponsors, workers, officials, and volunteers from all liability in connection with my participation and/or my child/ren’s participation in this activity, for or on account of any injury to or illness of my person or death, or for or on account of any loss or damage to any personal property or effects owned by me and/or my child/ren.

____ I have read and agreed to the conditions in the PERD Photo Policy.

Signature: ______________________________ Date: ______________

For use by FitRec staff only
Request: approved / denied  Approved by: ______________________________ Date: ______________

Special circumstances/notes: ______________________________

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