USF Campus Recreation
Photo & Film Request Form

This form must be completed by anyone requesting to photograph or film within the University of South Florida Campus Recreation Center. This form must be submitted at least 48 hours before the desired photo or film shoot.

Submit form via email: Alex Marse (marse@usf.edu)

Or by fax: 813-974-2792, Attn: Alex Marse

Or in person: Campus Recreation Center Membership Services Office, Attn: Alex Marse

All requests will receive an email response. Please note: submitting a request does not guarantee confirmation, you will receive a separate email approving/declining your request. Business hours are Monday-Thursday, 9 a.m. – 5:30 p.m., and Friday 9 a.m. – 5 p.m.; 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 Membership Services Desk and check out when you leave the facility.

Name: ________________________________ USF ID# (if applicable): __________________ Date: __________

E-mail: ______________________________ Telephone # (cell): _______________________

Address: ____________________________________________________________

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

Building where photography or filming will take place: _______________________________________________________

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

Number of photographers/crew: ____________________________________________________________

Organization represented (if any): _________________________________________________________________

Equipment you will be bringing and using (i.e. cameras, tripods, other accessories): __________________________

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Purpose : Personal Class Project Other

Details about purpose: ________________________________________________________________

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Campus Recreation 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_____ Photographs and video may not be published, sold, reproduced, transferred, distributed, or otherwise commercially exploited in any manner whatsoever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 locker rooms or restroom facilities under any condition.

_____ All photography and videography must be conducted without disrupting Campus Recreation operations and service to its members or limiting access to equipment, stairwells, entrances/exits, or high traffic areas within the 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 Fitness sessions, you must have prior approval to photograph/film these classes from the Fitness Coordinator and/or the A.D. of Fitness. You must arrive 15 minutes prior to the start of the session to explain the photography/filming needs to the group fitness instructor. Any participant who does not want to be in the shot must have the opportunity to move to one area of the room which will not be photographed or filmed.

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

_____ The University of South Florida Campus Recreation reserves the right, at its sole discretion, to withhold and/or withdraw permissions to photograph on its premises or to reproduce photographs of its facilities, members, and staff.

_____ I hereby release and fully discharge USF, its trustees, officers, employees and agents, and all sponsors, workers, officials, and volunteers from all liability in connection with my 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.

_____ I have read and agreed to the conditions in the USF Campus Recreation Photo/Film Policy.

Signature: __________________________________________ Date: _______________

For Office Use Only:

Request: Approved / Not Approved  Approved by: ___________________________ Date: _______________

Notes:
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