

STUDENT FILMING AT EMILY CARR UNIVERSITY

Student Contact Name: _____

Student ID# _____

Class: _____

Faculty Name: _____

Contact # _____

Contact email: _____

PLEASE NOTE: THE TIMES YOU HAVE BOOKED MUST INCLUDE YOUR SET UP AND TEAR DOWN TIMES

FILMING DATE(S) & TIMES: _____

FILMING LOCATION(S): _____

Number of people on set (specify ECU & non-ECU) _____

Will there be special effects, makeup, props, weapons, or stunts? Please specify: _____

What equipment will be used? _____

Do you need power outlets? _____

Is there excessive noise or disruption which could affect surrounding areas? Please specify: _____

If so, have the affected people been notified? _____

Please ensure there is signage/ PAs indicating filming in progress. _____

FOR INSTRUCTOR/STAFF MAIN CONTACT USE ONLY:

I acknowledge that this filming has been discussed with the student including the scope of the project: materials, equipment, release forms, waivers, and any impact/ disruptions on the building, space and its' occupants.

Print Name: _____ Signature: _____ Date: _____

FOR FACILITIES USE ONLY:

Approval: Yes _____ No _____

Comments: _____