

Request to Film on Campus

| Contact Information | | | | |
|-------------------------------------|------------|------|--------------|--------------|
| Name of Individual or Organization: | | | | |
| If an organization, contact person: | | | | |
| Phone: | | Ext: | | Email: |
| Address: | | | | Apt/Suit No: |
| | Town/City: | | Postal Code: | |
| | Province: | | | |

| Film Details | | |
|---|------------|-----------|
| Purpose of Filming: | | |
| Outline of story: | | |
| What facilities are requested? | | |
| Date/Time facilities requested: | | |
| Will equipment be stored on campus? | Yes | No |
| Will drones be used in filming? | Yes | No |
| If yes, provide registration Number of drone along with proof of drone liability insurance with \$5,000,000 limits: | | |
| Name of pilot: | | |

| Insurance | |
|---|--|
| *Persons/Organizations filming on campus who are not covered by Carleton University's insurance must have \$5,000,000 in general liability insurance. | |
| Name of Insurance Company: | |
| Policy No.: | |
| Limits of Insurance: | |

Signature: _____

Date: _____

| Approval - Carleton University Use Only | |
|---|--|
| Department of University Communications | |
| Office of Risk Management | |
| Other Department | |