Texas State University  
Department of Campus Recreation  
PHOTO/FILM REQUEST FORM

1. Please fill out this policy agreement form and initial after each point to confirm you have read and agree to the conditions.

2. Submit completed form to Assistant Director at least 24 hours before the desired shoot. E-mail: campusrecreation@txstate.edu  fax: 512.245.8486, in person: SRC 227.  
   Please note that submitting a request does not guarantee confirmation. Please note: business hours are M-F, 8am-5pm, weekend/holiday requests will not be addressed until the next business day. 

   All fields must be completed.

3. Upon arrival at the Campus Recreation facility, please check in with the front desk. Please check out when you are leaving the facility.

   Date Completing this form:____________________

   Name: _____________________________________

   E-mail: ______________________________________

   Phone: __________________________

   Address:____________________________________

   If TxSt student or staff, ID:____________________

   Date and time of photography/filming: ____/____/____;
   Begin time___:____a.m. / p.m.  End Time ___:____a.m. / p.m.

   Campus Recreation facility to be photographed/filmed: ______________________

   Activity to be photographed/filmed: ______________________

   Organization represented (if any): ________________________________

   Purpose: Personal / Class Project (please specify)
   ________________________________

   Areas/Spaces you intend to take pictures/film:
   ________________________________________________

   Number of Photographers/Crew: ________________________________
Please initial to confirm you have read and agree to each condition:

___ Photographs and video may not be published, sold, reproduced, transferred, distributed or otherwise commercially exploited in any manner whatsoever.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

___ 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, high traffic areas or other high-traffic locations within 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 Department of Campus Recreation 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 Texas State, 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 agree to the conditions in the Campus Recreation Photo Policy.

______________________________  __________________
Signature                          Date

FOR USE BY Campus Recreation STAFF:

Date and time in: ____/____/____; ___:____a.m. / p.m.
Date and time out: ____/____/____; ___:____a.m. / p.m.