

ON-CAMPUS LOCATION & RELEASE FORM

Course Number and Name: _____

Production Title: _____ Prod. # _____

Producer: _____ Director: _____

To Whom It may Concern:

This is to certify that _____ is/are enrolled in the School of Filmmaking for the current term and is/are engaged in the production of an authorized film OR video project entitled _____

ATTACH CREW LIST ON SCHOOL OF FILMMAKING CREW LIST PRODUCTION FORM

Campus Filming Location(s):

Date, time and duration of shoot: _____

Description of action to be filmed: _____

Any portrayal of weapons(prop or real), violence or illegal acts? YES NO

If YES, Weapons Release Form must be attached to this form.

Any stunts or special effects? YES NO

If YES, Stunts/Special Effects Release Form must be attached to this form.

The Authorizing Agent agrees that the North Carolina School of the Arts shall own all rights of every kind in and to all photographs and recordings made by the above named crew on or about these premises and shall have the right to use such photographs and/or recording in any manner it may desire without restriction or limitation of any kind.

We, the above named film crew, agree to exercise reasonable care in the use of these premises and to leave them in substantially as good condition as when received.

Film/Video projects undertaken by the School of Filmmaking are for instructional purposes only and are not generally intended for commercial use.

Thank you for your cooperation.

_____ Student Signature	_____ Date	_____ Head of Production	_____ Date
_____ Instructor/Mentor	_____ Date	_____ Facility Services	_____ Date
_____ Authorizing Agent	_____ Date	_____ Campus Police	_____ Date
		_____ Assistant Dean of Production	_____ Date