



## ASU FILMING AGREEMENT AND SAFETY POLICY

**Name of Student Filmmaker / Name of Film / Instructor**

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**Mailing Address, Email and Phone for Student Filmmaker**

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In consideration of Arizona State University permitting the use of facilities and/or locations on the Arizona State University's campuses and in consideration of my taking advantage of the facilities and/or locations, I agree to the following assumption of risk, release and hold harmless and make the following representations. \_\_\_\_\_ (initial)

**I am aware of the inherent risks of injury associated with my choice of location(s) for performing my photographic and/or film shooting techniques**, including, but not limited to, slip and fall; muscle sprain and/or damage;; broken arm, leg or other body parts; and other bodily injury. I understand that the dangers and risks may result in DEATH or serious injury, or a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. \_\_\_\_\_ (initial)

I understand that I am solely responsible for any property damage and the costs and charges associated with necessary repairs that are caused by my photographic and/or filming activities. \_\_\_\_\_ (initial)

I am physically fit and know of no medical or health reason why I should not participate in the activities associated with my choice of locations. \_\_\_\_\_ (initial)

**Name of Area Requested**

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**Date(s) and Start and End Times for filming**

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**Name of Authorizing Facility Representative**

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## **ASU FILMING AGREEMENT AND SAFETY POLICY**

**Email and Phone for Authorizing Facility Representative**

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**I hereby grant the ASU student filmmaker permission to use the above-named facility for the date and time requested in the above information.**

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**Signature of Facility Representative and Date**

In consideration of being permitted to use the noted location on the Arizona State University's campuses for my photographic and/or film shooting activities, I hereby assume all risks associated with my participation and agree to hold individually and collectively the Arizona Board of Regents, Arizona State University and the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, regents, agents, and employees harmless from any and all liability, actions, causes of action, debts, claims, rights, or demands of any kind or nature, known or unknown, whether in law or equity, arising out of or in any way related to my participation. The terms hereof shall serve as an assumption of risk, release and hold harmless by myself, my heirs, estate, executor, administrator, assignees and for all member of my family.

I, being an adult, have read the above and fully understand the contents, consequences and implications of signing this document. I understand this assumption of risk, release and hold harmless is a binding legal contract. I sign it of my own free will. I also understand this contract is severable; in other words, if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

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**Signature of ASU Student and Date**