

## Film Permission Form

**Attach a copy of insurance details and return the completed form to** **sport@ucd.ie** **and** **sportfacilities@ucd.ie**

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| Name: |  |
| Company: |  |
| Content Tel. No.: |  |
| Address: |  |
| Proposed area (s) of filming/ photography: |  |
| Number of people involved: |  |
| Insurance Company name: |  |
| Insurance Policy number: |  |
| Date & Time requested to film: |  |
| Purpose for which filming will be used: |  |

I, INSERT NAME, hereby apply for permission to film / photograph on the INSERT DATE for the purpose outlined above. I understand that should permission be granted I may only film / photograph in the area (s) agreed and on the approved time and date. I will ensure that permission is granted from any person (s) featured in said film / photo and that UCD is not identifiable in said film / photography. Furthermore, I will pay in full any charges which may be applied by UCD Sport.

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| **Signed:** |  |
| **Date:** |  |