

Request for Permission to Film/Photograph Form

Email completed form no later than two weeks in advance of your requested filming/photography date to: **media@lundquist.org**



First:

Last:

Your Email Address:

Phone Number:

Company/Organization:

Organization Website:

Desired Filming Location (if applicable):

Date and Time Needed:

TLI Point Person (if applicable, e.g., Investigator, Executive)

Crew Member Information (Please list full crew size and roles):

- 1.
- 2.
- 3.
- 4.

Attach Proof of Insurance and Worker's Compensation (list name of Provider(s) here):

Why are you asking to film at The Lundquist Institute?

Will the film be used for commercial or other for-profit purposes? If yes, please submit a written description or synopsis of the production, the final script and any treatments, storyboards, or other production-related materials, all of which must provide a detailed, accurate, and complete description of the production with this form.

Do you intend to use the institute's name or film any institute logos, trademarks, or recognizable locations?

By signing below, I acknowledge that I have read, understand, and agree to comply with all terms and conditions set forth in **The Lundquist Institute's Filming, Photography, and AI-Generated Media Policy**, including all requirements related to photography, videography, audio recording, and any AI-generated or AI-enhanced media. I further agree that failure to comply with this policy may result in revocation of filming permission and other remedies available to The Lundquist Institute.

Date submitted: