



Library

STUDENT FILM REQUEST FORM

Film Date and Time -----

Name ----- Email -----

School ----- Mobile No. -----

Programme Name /Code -----

Location in the Library -----

Description of scene -----

Crew members' names -----

Equipment used -----

Other Comments -----

Signature of Requestor ----- Date -----

Signature of Lecturer in Charge ----- Date -----

For Office use only

Request received on:

Approved:

Not approved:



Library

Release Form

In consideration for letting me film in Taylor's library, I hereby release Taylor's University, its trustees, employees, agents and representatives from any and all liability to me, and I agree not to raise any claims or institute any legal action against the University, its trustees, employees, agents and representatives based upon any cause of action in my favour that arises out of or in connection with my taking photographs or filming at Taylor's Library. This release shall apply to any loss or damage to my property, and to any personal injury (including death) that I suffer, including , without being limited to, any loss, damage or injury sustained or allegedly sustained by me due to the negligent acts or omissions of the trustees, employees, agents and representatives of the University.

I fully understand and assume all of the risks, dangers and responsibilities connected with filming in the Library.

I also agree to assume responsibility for any damage to the University's property which arises out of or in connection with my use of Library for this purpose.

I agree not to disturb or film any patrons of the Library or any employees of the University, and I agree that I will indemnify the University for any claims against it and for any expenses or liabilities it suffers as a result of any injury or property damage such patrons or employees suffer as a result of my use of Library for the purpose

Signature

Name

Date