## **STANDARD LOCATION RELEASE**

## ONE FORM REQUIRED PER LOCATION

Please print and complete and return to the ACTF office or  $\underline{m.tallin@uwinnipeg.ca}$  Hand signatures required.

COURSE NAME:
COURSE NUMBER AND SECTION:
INSTRUCTOR NAME:
FILM TITLE (or working title):
FILMING DATE:
Permission is hereby granted to <b>STUDENT NAME</b> :
to use the property located at LOCATION ADDRESS:
consisting of <b>DETAILS OF LOCATION BEING USED</b> :
for the purpose of photographing and recording scenes for Course listed above administered by the University of Winnipeg.
Permission includes the right to bring personnel and equipment onto the property and to remove them after completion of the work. The permission herein granted shall include the right, but not the obligation, to photograph the actual name connected with the premises and to use such name in the film(s).
The undersigned hereby gives to STUDENT NAME:
STUDENT NAME: hereby agrees to hold the undersigned harmless of and free from any and all liability and loss which STUDENT NAME:, and/or its agents, may suffer for any reason, except that directly caused by the negligent acts or deliberate misconduct of the owner of the premises or its agents.
The undersigned hereby warrants and represents that the undersigned has full right and authority to solely enter into this agreement concerning the above described premises, and that the undersigned hereby indemnifies and holds STUDENT NAME:, the University of Winnipeg, its employees, students and/or its agents, harmless from and against any and all loss, liability, costs, damages or claims of any nature arising from, growing out of, or concerning the use of the above described premises except those directly caused by the negligent acts or deliberate misconduct of STUDENT NAME:, or his/her/their agents.
PLEASE PRINT OTHER THAN SIGNATURES (please note hand signatures required):
AUTHORIZED PROPERTY REPRESENTATIVE (print):
POSITION:
PHONE: E-MAIL:
DATE:
STUDENT NAME (print):
PHONE: E-MAIL:
DATE: DATE:
INSTRUCTOR/MENTOR NAME (print):
PHONE: E-MAIL:
DATE: