



16101 Greenwood Avenue North,
Shoreline, WA 98133-5696
(206)546-5863

Shoreline Student/Faculty Contract to Film, Record, & Perform on Campus

**Procedures to obtain approval to film or record on the campus of Shoreline Community College:
Faculty projects only require this paperwork for weekend, after hours and holiday scheduled shoots.**

- 1) Print this form and fill out the information requested below. Sign in applicable spaces with pen.
- 2) Get approval signatures from your class instructor first, in advance
- 3) Filming in a campus office, library, black box, music, science or theater buildings, NEEDS DEPARTMENT approval
- 4) Confirm College staff representative who WILL BE PRESENT at all times during filming after 4 p.m. & weekends.
- 5) Get College approval signatures in the following order: 1) Faculty Advisor, 2) Building Managers if applicable, and 3) Security.
- 6) Turn in to the Facility Rental Office AT LEAST 4 business days prior to the event date(s).
- 7) The official College room reservation and approval will to given to the Applicant in writing prior to the event date.
- 8) Charges may apply and you will be invoiced by the Facility Rental department of Shoreline Community College.

APPLICANT INFORMATION:

Application Date: _____ Instructor: _____

Name: _____ Student ID#: _____

Cell Phone #: _____ Email: _____

PRODUCTION INFORMATION:

This project is (check one):

- | | |
|---|--|
| <input type="checkbox"/> Feature Film | <input type="checkbox"/> Public Service announcement |
| <input type="checkbox"/> Short Film | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> TV Movie / programming | <input type="checkbox"/> Still Photos |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Music Video |
| <input type="checkbox"/> Corporate Video | <input type="checkbox"/> Other as specified: _____ |

Describe the project: _____

Production Date 1: _____ **Start/end time:** _____

Person in charge: _____ **Cell Phone #** _____

Location(s) on campus: _____

Production Date 2: _____ **Start/end time:** _____

Person in charge: _____ **Cell Phone #** _____

Location(s) on campus: _____

Estimated Crew #: _____

Vehicle parking: *Passes are required before 4 pm weekdays - prepurchase for \$1.50/day or buy at lot kiosks* _____

Are you serving food or beverages? Please describe: _____

****Alcohol, marijuana and illegal drugs are strictly prohibited on campus during student events & activities.**

LOCATION APPROVAL:

Contact department staff/manager (#1600 theater, #800 music, offices, #4000 library,#3000 gym, #6000 Cedar Science #7000 Housing) for approval.

Who approved? _____ Title: _____ Date: _____

PRODUCTION INFORMATION continued:

Equipment on site: _____

Indicate if you would like to rent any College equipment or materials. Additional changes may apply and there is no guarantee you will be granted permission to use any college materials, equipment, etc. or have access to all areas of the campus. There will be no use of any College building roof, dumpster, mechanical or electrical equipment, vehicles. No climbing on buildings or attachments to buildings, including ladders, etc. and no use of private offices on campus. Use of smoke machines, pyrotechnics, open flame prohibited. Film equipment is reserved directly with department staff. Please describe: _____

NOTE: In accordance with WAC 1321-124-020 #2, weapons and fake weapons are not permitted on the college campus. Pyrotechnics, fog machines, nudity, offensive clothing or items, or costuming representative uninformed authority are strictly prohibited while filming on campus.

Agreed by:

SIGNAGE AND CAMPUS COMMUNICATION:

When filming inside a public building or outside on campus, please use signage to identify a film shoot is in progress. This will eliminate public confusion and the risk of a 911 call or security visit. If you film a student or other person, or if you pan over a room of students, you must either hide their face/identification or obtain written permission.

IF FILMING WEEKENDS/AFTER HOURS, INDICATE THE STAFF SUPERVISOR OR HIRED MONITOR:

Supervisor: _____ Cell Phone: _____
(for after hours/weekends)

Shoreline Community College Supervision and/or Security WILL be required for film shoots after 4 p.m. weekdays, weekends, and when a building is closed to the public. Additional charges will apply.

ACKNOWLEDGEMENT OF RESPONSIBILITY:

If any college property, inside or around a building or outside on the Shoreline Community College campus, is damaged or destroyed during the filming or recording event, the person signing this Application will be held financially responsible. If you have questions regarding the use of college property, facilities or liability issues, please refer to the information posted online at: <http://www.shoreline.edu/roomrentals/>

I have read, understand and agree to abide by Shoreline Community College policies & regulations relating to facility usage as outlined in this Application.

Signature of Applicant: _____ **Dated:** _____

A copy of this paperwork must be available during the event and be produced if requested.

Reservation # _____

*Copy of confirmed Reservation will be provided by College Rental office

SHORELINE COMMUNITY COLLEGE APPROVAL SIGNATURES:

All signatures **MUST** be obtained prior to the Application being submitted to Facility Rental Office, #9000 PUB building, lower level of the building. **This Application MUST be received no later than 4 business days BEFORE the target filming/recording date(s). Earlier is better!**

Faculty Approval: _____ **Date:** _____ **Title:** _____

Building Use Approval: _____ **Date:** _____ **Title:** _____
Library, Music, Theater, PUB, Gym, #7000, etc

Security Approval: _____ **Date:** _____ **Title:** _____

Facility Rental/Campus Events: _____ **Date:** _____ **Title:** _____

24 hour SCC Security: 206-235-5860