

## Application for Permission to Film at UCD Sports Facilities

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

| Name of Applicant: |  |
| --- | --- |
| Company: |  |
| Contact 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 film will be used: |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 / photo. Furthermore, I will pay in full any charges which may be applied by UCD Sport.

| Signed: |  |
| --- | --- |
| Date: |  |