Photography, Motion Picture and Television Permit

In consideration of payment of the permit fee hereinafter specified and the Permittee’s observance of the terms of this Permit, permission is hereby granted to:

________________________________
Name

________________________________
Address

________________________________
Telephone

to take _________________ at the locations and times and for the purpose hereinafter specified.

Shooting is permitted at the following locations:

________________________________
Shooting is permitted during the times indicated on the following dates:

________________________________
The following special restrictions apply:

________________________________
The photographs, motion pictures or videotapes obtained from the exercise of the permission herein granted (and any negatives, prints, or duplicates thereof) shall be used only for the purpose of:

________________________________
and Permittee shall not sell, dispose of or otherwise permit others to use any such materials, except for the above stated purpose.

Permittee shall pay a permit fee of $______________.

Permittee shall pay regular charges for parking and other services provided on campus.

Permittee shall not use the name of the University of California nor the name of the campus or abbreviations thereof without obtaining special advance written permission.

This permit is given to Permittee with the understanding that Permittee, and its employees and agents, shall use said areas at their own risk and that the University shall not be responsible to Permittee, or its employees or agents, or any other person, in damages or otherwise for injury to or death of any person or injury to any property growing out of said use.

This Permit is given to Permittee with the further understanding that Permittee shall be responsible to University for any and all damage to said area in any manner arising out of the permission granted.
THE REGENTS OF THE UNIVERSITY
OF CALIFORNIA:

By: ________________________________
   (Signature)
UC San Diego University Communications
and Public Affairs

Name: ______________________________
Title: ______________________________
Date: ______________________________

PERMITTEE:

By: ________________________________
   (Signature)

Name: ______________________________
Title: ______________________________
Date: ______________________________

UC San Diego Commercial Filming Contact:
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