



Student Film/Photography Shoot Request Form

Student Assuming Responsibility

Please Print

Name: _____

Cell Phone #: _____ E-mail: _____

Course Instructor

Please Print

Name: _____

Signature _____ Date: _____

Shoot Details

Please Print

Date of Shoot: _____ Start time: _____ End time: _____

(film shoots are limited to a maximum of 3 hrs)

Location: _____

Please provide a brief synopsis of the scene(s) being filmed

Please Print

Guidelines for Filming:

1. **Film crews should be respectful of users who come to the Library to study quietly – elaborate set ups and excessive discussion and conversation that disturbs library users is not permitted.**
2. Filming is available on floors 5-9, including group study rooms booked by a member of the film crew. Film crews should be respectful of students in neighbouring group study rooms
3. Film shoots are limited to a maximum of 3hrs
4. Photo release forms must be used for all non-crew/cast persons filmed or photographed
5. Library staff or users cannot be asked to move to accommodate filming.
6. Library collections, furniture and equipment cannot be moved to accommodate filming.
7. Filming may not be done in areas where there is an expectation of privacy, such as washrooms.
8. Film equipment cannot pose a tripping or safety hazard to other people.
9. The film shoot may not interfere with normal operating procedures of the Library.
10. If there are any scenes involving imitation weapons or other scenes of violence that could alarm the community and result in security or police being notified, you must contact Ryerson Security and Emergency Services at security@ryerson.ca or 416-979-5040.

FILM CREWS IN VIOLATION OF THE ABOVE RULES WILL BE ASKED TO LEAVE BY SECURITY

I have read and understand the above:

Name (print)

Signature

Date

For Library Use Only

Authorized copies are to be retained in a binder at the Reference Desk for consultation by the Librarian on duty and / or Library Security. Upon request, staff may provide a photocopy of the completed and signed form to the student.

Approved by:

Name

Signature

Please check off to indicate that an e-mail has sent to staff at:

☐

ryelib

☐

security@ryerson.ca

Protection of Privacy

The information on this form is collected under the authority of the Ryerson University Act and is needed to process your request for Library privileges. The information will be used in connection with authenticating the use of library resources in accordance with library policies and procedures as needed". If you have questions about the collection, use and disclosure of this information by the University please contact the Assistant to the Chief Librarian, 350 Victoria St., Toronto, ON, M5B 2K3, 416-979-5141.