

Baylor School of Social Work

Event AV/Technology Request

**Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’ Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Event Start Time**: \_\_\_\_\_\_\_\_\_\_\_\_ **Event End Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of People Attending**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Room Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AV/Technology Needed** (check all that apply):

\_\_\_ **Desktop Computer** (must have Bear ID)

\_\_\_ **Laptop** (checked out to BU SSW faculty/staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **Ethernet Connection**: non-Baylor list names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **LCD Projector & Screen**

\_\_\_ **Computer Speakers**

\_\_\_ **Podium Microphone**

\_\_\_ **Wireless Microphone**

in rooms 321/320 or Living Room only, maximum of 2, any combination

\_\_\_ Lavalier (lapel) microphone: number \_\_\_\_\_\_ (0-2)

\_\_\_ Handheld microphone: number \_\_\_\_\_\_ (0-2)

\_\_\_ **Video Recording**:

Are speaker(s)/attendees aware of video recording? \_\_\_ yes \_\_\_ no

Have Media Release forms been signed and collected? \_\_\_ yes \_\_\_ no

\_\_\_ **Video Camera** (checked out to BU SSW faculty/staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_ **Video Recording Service** (contact [Jim\_Heston@Baylor.edu](mailto:Jim_Heston@Baylor.edu) or 254-710-6419)

**Describe what is to be recorded**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Video Format Needed**: \_\_\_ YouTube unlisted link \_\_\_ DVD

**Additional information**:

# Release Form for Media Recording

I, the undersigned, do hereby consent and agree that [Photographer’s Name], its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to [Photographer’s Name], its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that [Photographer’s Name] is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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| --- | --- |
|  |  |
| Name |  |
|  |  |
| Address |  |
|  |  |
| Phone |  |
|  |  |
| Witness for the undersigned |  |
|  |  |
| Signature | Date |