

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 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.

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