



LOCATION RELEASE
VASSAR COLLEGE FILM DEPARTMENT

(845) 437-5473

DATE: _____

TO WHOM IT MAY CONCERN:

This is to certify that the following named individuals are enrolled in
FILM-_____, and are engaged in the
(Course Number and Name)
production of an authorized film project entitled “_____”.

NAME

POSITION

You agree to grant use of these premises generally described as following together with access to and from these premises for the purpose of on or about shooting the scripted scenes of the project.

You agree that we shall own all rights of every kind in and to all photographs and recordings made by us on or about these premises and shall have the right to use such photographs and/or recordings in any manner we may desire without limitation or restriction of any kind.

We agree to exercise reasonable care in the use of these premises and to leave them substantially as good condition as when received.

Thank you for your cooperation.

Accepted:

(Student)

(Agent)

Vassar College Film Department

Vassar Film, 124 Raymond Ave., Box 741, Poughkeepsie, NY 12604. Tel: (845) 437-7000