## Film and Photograph Request Form

		Requestor Information		
Company Name:			Entity Form:	
Address:			State of Formation:	
City, State, Zip:			Phone Number:	
Contact Person:			nail Address:	
		Subject Information		
HMSHost Facility Desir	red to be Filmed/Photogr	aphed:		
_	_	•		
1. Will HMSHost employees be filmed/photographed?	2. Will HMSHost trademarks/logos be filmed/photographed?	<ul><li>3. Will other trademarks/ logos in HMSHost's facility be filmed/photographed?</li><li>Yes*</li></ul>	*Note: prior to filming/photographing at the facility, Requestor must obtain authorization to film, photograph, record, or reproduce any trademarked images, words, logos, phrases, and other protected materials <u>not</u> owned by HMSHost, including, but not limited to materials owned by the landlord, other tenants and by licensors manufacturers, and distributors of products	
☐ No	☐ No	☐ No	sold by HMSHost.	
-		hy 15 days prior to the date	you desire to record in an HMSHost facility.	
Rockledge Drive, Ma payment is received.  If HMSHost employe recording, in coordina  If HMSHost intellectut HMSHost will execut intellectual property. trademarks and logos  All activities conduct objects to the reques  Activities within the faprovide proof of ger \$10,000,000, and the	phy requests are subject to ail Stop 7-1, Bethesda, Ma Payment of the processing res will appear in any of your ation with HMSHost's Directual property, such as HMS te a release on HMSHost's HMSHost is not authoris, for use by Requestor; Reed within HMSHost's facilited filming/photography, HI acility are subject to the largeral liability insurance coat Requestor include both	ryland 20817, Attn: Jeff Poerson fee is non-refundable. Four recorded materials, you muster of Operations at the facility. Shost-owned trademarks and leading to the facility of the facility are subject to HMSHost's langed to the four and of the facility are subject to HMSHost's langed of the facility	ndlord's approval; in the event HMSHost's landlord by losses incurred by Requestor. Quirements including, at a minimum, that Requestor 100,000 and umbrella coverage in the amount of additional insureds on its policy. Facility-specific	
Requestor Signature			Date	

For HMSHost Use Only					
Processing Fee	Insurance Requirements	Airport Approval	Host Release Agreement		
Paid	Satisfied	☐ Approved	Completed		
☐ Waived	Waived	Rejected	☐ Not required		
Date:	Date:	Date:	Date:		
Request is: Approved	☐ Denied				
Facility Director of Operation	ns:	Phone:			
Approved Dates:					
Approved Locations:					
Comments:					