**CU Denver | Anschutz Medical Campus Student Film, Photo & Video Project Risk Assessment**

This project risk assessment is intended as a tool to assist students in identifying and addressing possible risks associated with their filming project. ***The assessment should be reviewed by the Faculty Instructor for Student Film Project Approval***

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| **Date:** | Click here to enter a date. | **Course Name:** |       |
| **Student Name:** |       | **Course Number:** |       |
| **Campus:** |       | Instructor Name: |       |
| **Email:** |       | Instructor Email: |       |
| **Phone Number:** |       | Instructor Phone Number: |       |
| **Department Name:** |       |
| **Project Shoot Date(s):** |       | **Time of Shoot:** |       |
| **Shoot Location(s):** | **Address** | **State** | **Zip Code** |
| **Project Title:** |       |
| **Project Summary: (*attached Script or additional pages as needed*)** |  |

**SAFETY PLAN**

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| **Describe planned measures to protect equipment in your possession:** (*You are responsible for safe handling of all equipment and property used in the shoot. When not in use, the equipment should be kept out of sight, locked up and properly secured.*)  |
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| **List all university owned, rented, leased or borrowed equipment** (*and the respective equipment owners*) **that you plan to use for the project:** |
|       |
| **Describe planned safety measures to protect these individuals while transporting or filming.** (*You are responsible for the safety of your crew, cast, and by-standers. If using a personal automobile, your private insurance is the primary source of insurance coverage for your automobile, including damages or injuries caused to others.)* |
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| **List all individuals involved with this project and their role in the project** (Examples: actors, actresses, third party, safety managers, crew members). |
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| **Name** (First and Last) | **Role/Responsibility** | **Affiliation to the Project** |
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**HIGH RISK ACTIVITIES**

The following are *examples* of potentially hazardous or heightened risk activities. ***These types of activities may cause safety issues and concerns for the University and should be reviewed with your Faculty Instructor.***

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| Air activities & Aircraft | Drones | Out of State/Foreign Locations  | Snowboarding  |
| Alcohol/Drug Use | Fire | Professional Entertainers | Snowmobiles |
| Animals | Firearms/Weapons | Pyrotechnics | Stunt Work |
| Below Ground Filming | Fireworks | Rock Climbing | Violence/Abuse Scenes |
| Blood  | Illegal Substances | Scenes Open to the Public | Water Activities |
| Bungee Jumping | Machinery | Sexual/Nudity Activities | Watercraft |
| Children/Minors  | Motor Vehicles | Skiing | 15 or more cast/crew |
| Crash Scenes | Non-Student Cast or Crew  | Skydiving |  |

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| Describe any activities that may be potentially hazardous or present a safety risk and how that risk will be managed (*provide a Safety Plan if available*):  |
|       |
| If applicable, provide the name, phone number and email of the designated safety person for this project: |
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**WAIVERS**

University Risk Management recommends participants sign a waiver form to participate in the film/video shoot. Discuss with your Faculty for use of appropriate release forms or visit our [General Waivers and Consent](https://www.cu.edu/risk/general-waivers-and-consent) page for template waiver forms. If applicable, signed waivers must be obtained and kept on file according to the [APS 2006 – Retention of University Records Policy.](https://www.cu.edu/ope/policy/aps-2006-retention-university-records)
 **CONTRACTS**

[APS Policy 2005](https://www.cu.edu/ope/aps/2005) sets forth the contracting authority of the University of Colorado and University requirements for the execution, approval, and monitoring of various types of contracts. Work with your Faculty Instructor to have contracts sent to Procurement Service Center (PSC) Help Desk for additional guidance, review and signature.

***Please note:*** Students do not have authority to sign contracts or agreements on behalf of the university.

ACKNOWLEDGEMENT

This completed Student Film & Video Project Risk Assessment and all supporting documents should be submitted to and reviewed by the Faculty Instructor.

I       (student name) confirm that the above information is correct and complete to the best of my knowledge and that any deviation from this must be submitted in writing to the Faculty Instructor for approval.

 Click here to enter a date.

 **Student Signature Date**

 Click here to enter a date.

 **Instructor Signature Date**

**CERTIFICATES OF INSURANCE**

If a Certificate of Liability Insurance is required by the location owner for the film/video project, the following information needs to be sent to University Risk Management at urmucddirs@cu.edu. **Please note: *CU is unable to add an Additional Insured endorsement***. When requested, a form letter stating such will be sent with the certificate.

**Third-party Certificate Requestor**

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| Name: |       | Attention:  |       |
| Mailing Address: |       | Email Address: |       |
| City: |       | Phone Number: |       |
| State: |       | Fax:  |       |
| Zip Code: |       |  |       |

**PLEASE ALLOW TEN BUSINESS DAYS FOR RECEIPT OF AN INSURANCE CERTIFICATE.**

**CU DENVER | ANSCHUTZ MEDICAL CAMPUS RISK MANAGEMENT**

urmucddirs@cu.eduLoriAnn Smith, Associate Director: (303) 724-1127
Faith Perry, Director: (303) 724-6497