**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, and if deemed necessary, can be forwarded to University Risk Management for their review and input.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Click here to enter a date. | Course Name: |       |
| Student Name: |       | Course Number: |       |
| Campus : |       | Instructor Name: |       |
| Email: |       | Instructor Email: |       |
| Phone Number: |       | Instructor Phone Number: |       |
|  |
| Dept. Name: |       | Shoot Date(s): |       |
| Project Title: |       | Shoot Location: |       |
| Project Description Summary: |        |

**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.  |
|       |
| **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.  |
|       |
| **Describe crew members, subcontractors and others involved in the project, their planned activities and affiliation with the university:**  |
|       |
| **Describe non-contracted participants who have agreed to help with your project:** |
|       |

**HIGH RISK ACTIVITIES**

The following are *examples* of potentially hazardous or heightened risk activities. These types of activities should be reviewed with your instructor to determine if authorization will be given:

|  |  |  |  |
| --- | --- | --- | --- |
| Air activities & Aircraft | Fire | Out of State/Foreign Locations | Skydiving |
| Alcohol | Fire arms/Weapons | Professional Entertainers | Snowboarding |
| Animals | Fireworks | Pyrotechnics | Snowmobiles |
| Below Ground Filming | Illegal Substances | Rock Climbing | Stunt Work |
| Bungee Jumping | Machinery | Scenes Open to the Public | Water Activities |
| Crash Scenes | Motor Vehicles | Skiing | Watercraft |

|  |
| --- |
| Describe any activities that may be potentially hazardous or present a safety risk and how that risk will be managed:  |
|       |
| If applicable, provide the name, phone number and email of the designated safety person for this project: |
|       |

**WAIVERS**

Your participants may need to sign a waiver. Discuss with your instructor or Risk Management.

[Please visit our General Waivers and Consent webpage.](https://www.cu.edu/risk/general-waivers-and-consent)

Please discuss with your instructor and 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)
 **CU DENVER | ANSCHUTZ MEDICAL CAMPUS RISK MANAGEMENT**urmucddirs@cu.eduLoriAnn Smith: 303-724-1127
Faith Perry: 303-724-6497
Fax: 303-860-5680

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 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.

PLEASE ALLOW AT LEAST TWO BUSINESS DAYS FOR RECEIPT OF AN INSURANCE CERTIFICATE.

A copy will be e-mailed to the student, the authorizing instructor, and the third-party certificate requestor.

**Third-party Certificate Requestor**

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