Video Request Form
Please fill out any and all applicable statements

Print Name:	Beach I.D. #	t:Email:	
Vimeo User Profile Addres	ss (i.e: vimeo.com/csulbdance)		
You will receive a Vimeo	Group Invitation to each piece of c	ography requested. Please make checks horeography requested. ments, please let the Media Advisor know	
		NSENT BELOW BEING SIGNED. THE DEFACCESS TO PROVIDED LINK(S).	DEPARTMENT AND
Due to intellectual property law, post any of the material publich that legal action may be taken if employment. Valid credits for chinclude the below material. If the in handling the video named belopublicly, or reproduce choreographics of the public pu	y on the Internet, display the video pub if I chose to do so. This video may be use oreographer, lighting design, costume des requested choreography contains mature by. I understand that I do not have the righ phy that is found within the video, and tha	naterial requested below. I understand that I do blicly, or reproduce choreography that is found d to submit to professional entities for the sole puign, sound design, and video installation will be content (nudity, foul language, sexual situations) atts to post any of the material publicly on the Intent legal action may be taken if I chose to do so. By rial is illegal. Unless granted additional permission	I within the video, and arpose of seeking present on all reels that . I will exercise prudence ernet, display the video y signing this, I
Vid	eo Requestor:	Date	
I, the choreographer and holde	fessional reel: Choreographer er of the intellectual property requeste o a professional performance reel and/	ed below, grant the requestor the right to add for a copy for personal use.	pieces of the
Please print clearly. If the c	horeographer is unavailable for sig	nature, please have Andy Vaca sign.	
Title of Choreography:		_ Choreographer:	
Concert:(Choreographer's Signature:		Date
Title of Choreography:		_ Choreographer:	
Concert:(Choreographer's Signature:		Date
Title of Choreography:		_ Choreographer:	
Concert:(Choreographer's Signature:		Date
Title of Choreography:		_ Choreographer:	
Concert:(Choreographer's Signature:		Date
Title of Choreography:		_ Choreographer:	
Concert:(Choreographer's Signature:		Date
Title of Choreography:		_ Choreographer:	
Concert:C	Choreographer's Signature:		Date
For office use only: Da	te received: Amount o	owed: Date emailed:	