**FILMING NOTICE AND RELEASE**

[INCLUDE DATES AND TIMES OF FILMING.]

[INSERT TITLE AND TYPE OF FILMING.]

[INSERT AREA ADDRESS/LOCATION.]

**FILMING IS TAKING PLACE IN THIS AREA, AND BY ENTERING THIS AREA:**

**YOU CONSENT TO YOUR IMAGE, IDENTITY, VOICE AND PROPERTY BEING FILMED, PHOTOGRAPHED AND RECORDED.**

**YOU RELEASE LOYOLA UNIVERSITY OF CHICAGO AND ITS AFFILIATES, EMPLOYEES, OFFICERS, TRUSTEES, AGENTS, STUDENTS AND REPRESENTATIVES FROM ALL LIABILITIES, CLAIMS, INJURIES, DAMAGES AND EXPENSES RELATED TO OR ARISING FROM YOU BEING FILMED, PHOTOGRAPHED AND RECORDED AND ALL USES OF THE FILMS, PHOTOGRAPHS AND RECORDINGS.**

**YOU GIVE LOYOLA AND THOSE LISTED ABOVE PERMISSION TO USE THE FILM, PHOTOGRAPHS AND RECORDINGS IN ANY WAY.**

**IF YOU DO NOT AGREE TO THE ABOVE, PLEASE DO NOT ENTER THIS AREA**