

Must be Filled out Completely – Not a Contract

TPWD Site (i.e., Name of Park, Natural Area):

<u>Note:</u> <u>Completed application must be returned to the Park Superintendent.</u> This is an application ONLY and must be completed by the requestor. Park Superintendent must submit completed application to Park Business Management staff for contract preparation, prior to Legal Division review. A non-refundable processing fee may be required for expedited applications less than ten (10) business days. Additional fees may be assessed. **Proof of liability insurance (minimum liability coverage of \$500,000.00) is required before filming begins.**

PRODUCER CONTACT AND INSURANCE INFORMATION				
ACTUAL MEDIA PRODUCTION DATE(S)	PROJECT TITLE			
NAME OF PRODUCER AND PRODUCTION CO. (As appears	on the certificate	of insurance).		
PERMANENT ADDRESS (MAILING AND PHYSICAL) INCL CIT	ΓΥ, STATE, ΖΙΡ			
PERMANENT TELEPHONE		FAX NUMBER		
CONTACT NAME		CONTACT PHONE(S)		
CONTACT E-MAIL ADDRESS				
FULL NAME OF AUTHORIZED SIGNER FOR FILM AGREEMENT W/ TPWD		TITLE OF AUTHORIZED SIGNER		
INSURANCE COMPANY NAME		AGENT NAME / CONTACT PHONE		
TYPE OF PF	RODUCTION /	MEDIA DETAILS		
Stills – Advertising Stills – Editorial Stock Photo / Video / Film Feature Film TV Movie TV Series / Pilot Documentary / Travelogue Commercial / Infomercial Music Video Industrial Public Service Announcement Other, explain:				
Equipment Set-Up Date(s) / Time(s)	Tear-Down / Clean- Deadline Date/Time			
List, Describe & give # of Equipment & Vehicles to be brought into the Park				
Lighting: None Reflectors only Yes (explain)				
Road: Date/time: Closure requested				
Running shots Driving shots Drive-bys Tow shots Drive ups & Away Wet down road				
Camera/Equipment on Road Shoulder Camera/Equipment on median				
Other (explain):				
SHOOTING SCHEDULE BY LOCATION				

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DATE	LOCATION	START TIME	END TIME	FILM	PREP	STRIKE	# OF CAST AND CREW
DETAILED SUMMARY OF SCENE(S) OR DESCRIPTION OF PRODUCTION (REQUEST INCLUDING: description of production content, set construction, parking, sanitary facilities, crowd control, emergency medical plan, off road activity, trail use, or use of any building and site clean-up. List any special activities which include children, animals or aircraft. Include any proposed Site Plan(s). Please also note any planned permanent or temporary construction, modification of structures, ground disturbance, or removal of vegetation. ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE MEDIA PRODUCTION APPLICATION							
LIST TWO RECENT SITE REFERENCES							
1. LOCATIO	. LOCATION: 2. LOCATION:						
LOCATION N	ANAGER:		LOCATION MANAGER:				
CONTACT N	AME:		CONTACT NAME:				
CONTACT PI	HONE(S):		CONTACT	CT PHONE(S):			

GENERAL CONDITIONS OF MEDIA PRODUCTION IN (TPWD) STATE PARKS						
Applicants shall agree that media production:						
 is compatible / does not interfere with the enjoyment / activities of park visitors; will not damage facilities or resources or 	6. is cor	acknowledge the TPWD's cooperation; consistent in the Executive Director's judgment with the poses for/conditions on which, the property where the media				
interfere with park operations;3. will not disrupt wildlife;	7.	production is to take place was acquired; and will conform with all applicable statutes, rules, policies, and				
 will not imply the endorsement of TPWD for the content of the PRODUCTION; 		procedures of the Park staff who supervise the media production.				
PRODUCER'S AGREEMENT (Note: Ultimate execution of a media production agreement is contingent on application approval.)						
I, the undersigned, and the organization which I represent, will comply with the rules and procedures related to filming at a Texas Parks and Wildlife Department facility. By signature below, I hereby acknowledge understanding and acceptance of the terms and conditions of the agreement and agree to comply with State Parks applicable laws in regards to media production in State Parks.						
ORGANIZATION (Typed or printed) :		TITLE OF AUTHORIZED REPRESENTATIVE				
SIGNATURE (AUTHORIZED REPRESENTATIVE)		DATE				
PRINTED NAME OF SIGNER ABOVE:						