National Park Seminary Master Association
Filming and Photography Application Form

Mail to: Lawan Trent
c/o Abaris Real Estate Management
1101 Wootton Parkway, Suite 820
Rockville, MD 20852
Email: apatala@abarisrealty.com Fax: (301) 468-0983

In accordance with the Declaration of Covenants, Conditions and Restrictions referred to in the Deed covering the National Park Seminary Master Association, I hereby apply for written consent to film or photograph on the National Park Seminary premises.

Individual/company name: _____
Telephone: _____ Email: _____
Address: _____

1. Are you a licensed/Registered Business or Organization? Yes ☐ No ☐
If yes, include a copy of your business license.

2. Are you bonded or insured?
If yes, provide your insurance agency contact information below, and include a copy of your insurance certificate.
Insurance agency: _____ Phone: _____

3. Describe the purpose of the filming or photography project: _____
_____
_____

4. If you will be using any equipment other than a handheld device such as a camera, please state or describe any other equipment you will use: _____
_____
_____

5. Total number of staff and participants expected to be on premises during the project: _____

6. Describe any special parking requirements: _____
_____

7. Specify the areas in the National Park Seminary Master Association that you will be film or photograph: _____
_____
_____
_____

(Note: The National Park Seminary Master Association cannot provide authorization to film or photograph on individual lots other than the common areas of the National Park Seminary as described in the MHT Easement. Permission must be requested directly from respective lot owners for such filming or photographing.)

8. Please state any other special needs or comments: _____
_____
_____
_____
_____

9. Have you read, and do you understand, the National Park Seminary Master Association Rules Governing Filming and Photography? Yes ☐ No ☐

10. Have you signed the National Park Seminary Participant Release of Liability and Assumption-of-Risk Agreement? Yes ☐ No ☐

The Undersigned certifies that information provided is true.

Signature: _____

Print name: _____

Date: _____