



Niagara Parks Commission Film and Photograph Application Form

General Information

Date: _____	Applicant/Agent: _____
Company: _____	Address: _____
Address: _____	City: _____
City: _____	Province: _____
Province: _____	Postal Code: _____
Postal Code: _____	Phone: _____
Phone: _____	Cell: _____
Fax: _____	Photographer _____
Producer: _____	Director: _____
Insurance Co.: _____	

Name of Project: _____
 Client: _____

Type of Project

<input type="checkbox"/> Stills, editorial	<input type="checkbox"/> Stills, advertising	<input type="checkbox"/> Stills, other	<input type="checkbox"/> Stock video/photo
<input type="checkbox"/> Feature Film	<input type="checkbox"/> TV Movie	<input type="checkbox"/> TV Series/Pilot	<input type="checkbox"/> Documentary
<input type="checkbox"/> Travelogue	<input type="checkbox"/> Commercial	<input type="checkbox"/> Music Video	<input type="checkbox"/> Infomercial
<input type="checkbox"/> Public Service Announcement		<input type="checkbox"/> Industrial	<input type="checkbox"/> Other, explain

Sound: No Yes, explain: _____

Summary of scenes (s) and imagery: (Provide script/ storyboards)

Site information

Total number of days on site: _____ Shooting: _____ Prep: _____ Strike down: _____
 Night work: No Yes

Shooting Schedule By Location:

Date	Location	Start Time	End Time

Set dressing or other structures proposed No Yes, explain

Electrical needs, explain _____ Generator: No Yes, size _____
Lighting: None Reflectors only Yes (explain)

Road Closures No Road: _____ Date/Time: _____
 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) _____

To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed site plan.

Operational Information

Number of Personnel and Vehicles:

Total Cast & Crew _____ Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans _____
Camera Car _____ Picture Cars _____ Motor homes _____ Dressing Rooms _____ Other Vehicles
(explain)

Base Camp location:

Catering Requirements (NPC provides all catering on property unless otherwise approved)

Special Activities (Please fill out Appendix "A" attached):

Children: None Yes # of Children _____ Age Range _____

Animals: None Yes (explain)

Trainer Name: _____ Phone #

Aircraft: No Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone #

License # (if applicable) _____ Permit #

Stunts: (explain)

Coordinator _____ Phone #

Any other unusual or hazardous activities, explain

Attach pages to provide additional information for permit consideration.

Person on-site responsible for company's adherence to all terms & conditions of Film Permit:

Name: _____ Title: _____ Phone #

Person on-site responsible for coordinating activities with the Niagara Parks Police

Name: _____ Title: _____ Phone #

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone #

I hereby state that I have read and understand the Commercial Filming and Photography Policy, that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/ production company and the project described above.

Signature _____ Title: _____ Date: _____

Company Name



The Niagara Parks Commission Health and Safety Film Policy Checklist

Appendix “A”

All hazards must be recognized, eliminated, or controlled, before any filming or photography will be permitted. Any filming using hazardous material(s), including any dangerous situations or using significant equipment (i.e. jib arms) must have signed permission in the form Schedule “B” attached to the permit before commencing the project.

A copy of the Occupational Health and Safety Act and the current Safety Guidelines for the Film and Television Industry in Ontario and any MSDS’s shall be available at each work site.

Certificate Identification

WSIB clearance certificate: Yes No

Is there an employee(s) on-site trained (documentation/certification) in the symptoms, treatment, and prevention of the following health concerns?

	Yes	No	N/A
West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an employee(s) on-site trained (documentation/certification) in the following?

	Yes	No	N/A
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is any of the following items part of the production?

	Yes	No	N/A
Jib Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dolly Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Closures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tents (not including pop ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the following requirements met?

	Yes	No	N/A
Emergency Evacuation Procedures in Place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate number of Fire Extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Personal Protective Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Barricades/Pylons/Signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do scaffolds have adequate rails, toe plates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate First Aid Kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Air Space

Any filming using aircraft entering the airspace over The Niagara Parks Commission for photography or filming requires authorization from Transport Canada, must notify the Niagara Parks Police in advance, and shall abide by all FAA Rules and Regulations.

There shall be on the call sheet a health and safety section that includes, but is not limited to:

- Identification of crew Health and Safety Representative(s)
- Emergency personnel on set (i.e., nurse, paramedic)
- Location of fire, first aid, and safety equipment

It is strongly advised that a meeting with all on-set personnel on every day of shooting at call time be held to define health and safety issues.

Everyone involved with filming and photography shall ensure safe-working conditions on set at all times.

Applications can be sent to:

The Niagara Parks Commission
P.O. Box 150
Niagara Falls, ON L2E 6T2

or

Fax to
Sarah Wood
(905) 356-9237

For more information, please read the Film and Photography Policy and Procedures Document. Information provided in application will be used to determine whether a permit will be issued. Approved permits will not be issued until a copy of insurance and the permit fee of \$282.50 (price includes HST) has been received. Permit fees in the form of a cashiers check or money order should be made payable to The Niagara Parks Commission. Permit fees are non-refundable.

Note: This is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.