## DRONE OPERATOR REQUEST FORM

Please submit this request form to the Office of Public Safety at least 30 days prior to the proposed operation of a drone on Coastal Carolina University's campus or University-controlled property.

Full Name of Drone User:				
Company/Organization:				
Address:			Zipcode:	
Telephone Number:	Email:			
General Activity or Purpose of P	roposed Use:			
Date and Time of Proposed Dror	ne Use:			
Does Coastal Carolina Universit	y own the drone to be used: _	Yes No	0	
If Coastal Carolina University do	oes not own the drone, who o	wns the drone?		
REQUIRED DOCUMENTS T	O BE SUBMITTED WITH	THIS REQUE	EST:	
Proof of Drone Registration				
Drone User's Certification pursuant to Part 107 of Title 14 of the Code of Federal Regulations.				
If operating Drone for comm	nercial purposes, provide cop	y of business lic	cense	
aggregate with Coastal Card	lity Insurance with minimum olina University listing "Coas ees, officers, directors, employ itional insured."	tal Carolina Uni	iversity, including	

of flight. <i>Please unde</i> be the only approved	rstand should this request	an, including date, time, location(s) and duration be approved, the below areas you've listed will astal Carolina University reserves the right to time.
		Modifications:
Size:	Weight:	Modifications:
•		er this proposed flight? If so, what is the purpose? What areas/locations could be/will be captured?
Does the pilot have a	certificate for UAS Operat	tion? Yes No
to a flat fee of \$200 and Events can provid 24 hours before the pr	per every 30 minutes of fli de an estimate of the cost f roposed flight time. Payme	of facilities while operating the drone, in addition ight time. The University's Office of Scheduling for the use of facilities. Payment must be received ents, whether in full or in part, are non-refundable reement, or if the drone is otherwise grounded.

Please make checks payable to Coastal Carolina University and submit to the Office of University Receivables, P.O. Box 261954, Conway, SC 29528-6054.

For submission of other forms of payment, please contact the Office of University Receivables, Matthew Jiron, University Receivables Accountant, 843-349-6646.

Page 2 of 3

Drone user agrees to indemnify, defend, and hold harmless Coastal Carolina University, including its current and former trustees, officers, directors, employees, volunteer workers, agents, assigns, and students against any and all claims, demands, causes of action or damages, including attorneys' fees arising out of or relating to the operation of a Drone including but not limited to (i) any breach of this agreement, (ii) any actual or alleged injury or death to a person and/or loss of or damage to property caused directly or indirectly, wholly, or in part by a party, its officers, directors, trustees, agents, contractors, employees, or representatives.

I understand that University approval must be received prior to the operation of a Drone. I acknowledge that I have read and understand the Coastal Carolina University Policy on Drones. Further, I understand that Coastal Carolina University reserves the right to cease operations should the operator fail to satisfy any of the necessary requirements, for a safety issue, or for any other reason. The University has sole discretion in approving or denying flight plans. Additionally, any footage captured while using the drone is subject to review by University Communications. University Communications retains the right to grant or deny any footage from being published.

Signature	Date
Printed Full Name	
NEEDED AP	
All departmental approvals are need	ded before a drone may be flown.
Department of Public Safety	
Office of Risk Management	
Office of Scheduling & Events	