

Unmanned Aircraft Systems (UAS) Request and Assumption of Risk, Release, and Indemnification

See BPPM 50.37



WASHINGTON STATE UNIVERSITY

Individuals not affiliated with WSU must submit this UAS Request form to the applicable University police or public safety department for review and approval at least two (2) days prior to any UAS operations on University property or at any University sponsored event, or at the same time an FAA authorization request is submitted (if applicable), whichever is longer. Depending on the intended use and activities associated with the use of the UAS, there may be other University approvals required before the UAS may be operated. Any omission of information requested in this form may result in a delay of processing.

Prior to submission of this form, the requestor must review [BPPM 50.37](#) Unmanned Aircraft Systems Operations.

Section 1: Requestor Information		
Name (Last, First)		Telephone
Mailing Address		E-Mail
Section 2: Pilot Information		
Name (Last, First)		Telephone
Remote Pilot Certificate #	Date Issued	Date Renewed (*if applicable)
*Remote Pilot Certificate must be renewed every two years.		
Section 3: Purpose of UAS Request		
Specific Location of UAS Activity		
Date(s) of UAS Activity	Starting Time	Ending Time
Provide full details of flight purpose (education, research, promotional, etc.), including identity of UAS operator(s) and/or flight team.		

Unmanned Aircraft Systems (UAS) Request and Assumption of Risk, Release, and Indemnification (cont.)

Section 4: UAS Description	
Type/Model of UAS	
Weight	Serial #
Previous request approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of previous approval
UAS registered with FAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Registration #
Photographs to be taken during flight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Video to be recorded during flight? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operating under Part 107? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operating under a COA/333? <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I certify the following:

- I am over the age of 18 and am signing this form voluntarily;
- I have carefully read, fully understand, and will abide by the requirements of this policy, BPPM 50.37, and all applicable local, state, and federal laws and regulations;
- I have attached the following documents: (1) copy of my *FAA Part 107 Remote Pilot Certification*, and (2) *certificate of insurance evidencing at least \$2 million* per occurrence in liability coverage for bodily injury and property damage.
- I will maintain a copy of this approved request form in my possession at all times during the UAS operation and will present it to WSU and/or local law enforcement officials upon request.

Assumption of Risk, Release, and Indemnification: I recognize that operating a UAS is an inherently dangerous activity and agree to assume all risk and responsibility associated with this activity. By my signature on this form and in consideration for permission to operate a UAS on or over a WSU campus or location, I agree to release, defend, hold harmless and indemnify the State of Washington and WSU, its regents, employees, officers, students, agents, and volunteers from any and all claims and liability arising out of or relating to the operation of UAS, including but not limited to attorney fees, costs, damages, present or future harm, loss of or damage to property, bodily injury, death, or disruption or delay of activities. This release covers all events and occurrences associated with the operation of UAS on or off WSU property and is effective to the fullest extent allowed by law.

Signature: _____

Date: _____

**Unmanned Aircraft Systems (UAS) Request and
Assumption of Risk, Release, and Indemnification (cont.)**

Section 5: Authorized Approver Response	
Approver Name (Last, First)	Telephone
Approver's Title	E-Mail
Request Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (If not approved, a summary of the decision is outlined below.)	
Comments or requirements for operation of UAS: 	

Approval Signature: _____

Date: _____