

PERMISSION FOR THE PERFORMANCE OF DRONE FLIGHTS

TU Bergakademie Freiberg

and person responsible for the drone flight

Mr. Ms.

First name / surname: **TU Bergakademie Freiberg**

First name / surname: _____

Street / no.: **Akademiestraße 6**

Street / no.: _____

Postal code / city: **09599 Freiberg**

Postal code / city: _____

Country: **Germany**

Country: _____

Tel.: **+49 (0)3731 / 39-2711**

Tel.: _____

E-Mail: studium@zuv.tu-freiberg.de

E-Mail: _____

Recordings:

Date / time period:

Purpose of the recordings:

The use of drones on the campus of TU Bergakademie Freiberg requires the prior consent of the University Communications Department. For the production of any recordings, the guidelines of the drone regulation of the Federal Ministry of Transport and Digital Infrastructure shall be valid:

<http://www.bmvi.de/SharedDocs/DE/Artikel/LR/151108-drohnen.html>

Take-off permission may be granted if the following conditions are fulfilled:

- The drone weighs less than two kilograms;
- The drone has a fireproof badge;
- Operation occurs within the range of vision and below 100 m; and
- Public liability insurance for drones is secured.

The permit-holder shall bear liability and responsibility for public safety from the moment the drone enters the grounds to the moment the drone leaves the campus of TU Bergakademie Freiberg. He/She is liable for all damage to persons and property caused directly or indirectly by the position of the drone or its flight. Operation of the drone on the campus of TU Bergakademie Freiberg may not be impaired by film recording.

The permit-holder has the right to observe on screen any filmed persons thus portrayed.

The recordings are to be used solely for the purpose of the recording covered by this permit. Any use of the recordings above and beyond this purpose requires the consent of TU Bergakademie Freiberg.

To be completed by the University Communications Department, TU Bergakademie Freiberg:

Permit for the drone flight authorized:

First name / surname: **Dr. Sabine Schellbach, Head of Department**

Date: _____

Signature: _____