



INTIMACY COORDINATOR CONFIRMATION

_____ has informed me that you have agreed to
student name

Coordinate scenes of intimacy on their student film. Thank you for helping

our students. Would you please confirm the following:

Your Name:

Phone:

Email:

Guild:

- That you have actually agreed to help the student.
- That you have read the script and understand the scenes being described.
- That you will be present on set during the filming of the scenes of intimacy.
- That as a professional, you will do everything you can to ensure that all scenes of intimacy are performed safely and with the understood consent of the performers.

Signature

Date

If there is a problem, if the student fails to follow your advice, or if you have any questions contact me at:

573-289-8488 (cell)
egermann@stephens.edu

Would you be interested in assisting other students and may we make your contact information available to our students for future sets?

YES NO
Circle One

Lizzie Germann
Digital Filmmaking
Stephens College