



Florida Swimming Pool Association

Request for Media Approval

Everything Under the Sun Expo 2026

March 6–7, 2026 | Orange County Convention Center – West Hall | Orlando, FL

As a participant in the **Everything Under the Sun Expo 2026**, I understand that any professional photography, video recording, or audio recording conducted on the show floor or within the event premises must be pre-approved by Expo management and may not be published or distributed without prior written approval from the **Florida Swimming Pool Association (FSPA)**.

Request for Approval

Any intention to use recorded or captured material for public, commercial, or promotional purposes—whether via websites, social media, print, broadcast, or internal use—must be submitted in writing to FSPA for review and final approval.

Company: _____ FSPA Member ID: _____

Photography _____ Videography _____ Audio _____

Intended distribution method (website, social media, email etc.):

Brief description of purpose or recording: _____

☐ We are willing and able to provide FSPA with access to footage, photos, etc.

☐ We will provide FSPA with an edited piece of content to promote the event in the future

☐ I agree that I will not interfere with show operations including educational sessions, booth activity or impede movement on the show floor.

☐ I agree not to solicit attendees, manufacturers, or distributors for business.

Please send requests to: info@fspa.com

This release is limited to promotional use related to the **2026 Everything Under the Sun Expo** and does not grant perpetual or unrestricted use. A new release will be required for each year's event.

If I have questions, I understand I may contact the **FSPA office at 941.952.9293**.

Agreement Acknowledgment

I understand that failure to obtain prior approval may result in revocation of access to the event and possible restrictions from future participation. This Media Approval Agreement becomes a valid, enforceable agreement only when accepted in writing by a duly authorized representative of the FSPA.

COMPANY (if applicable): _____

EMAIL: _____

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

FSPA Acceptance (signature and title):

Date: _____