

School of Physical and Mathematical Science

Reg. No. 200604393R

## LOCATION PERMISSION FORM

## (insert name of producers/production company and address and title of project)

I								the	duly	autho	rized	persor	of
					(	name	e of	locat	ion)	grant	pern	nission	to
										_(Produ	icers	names	) to
record,	tape	or	photogra	ph on	dates	to	be	agree	d up	on be	etwee	n us	for
				(N	lame of	Prog	ramm	ne) as p	oart of	their c	ourse	projec	t for
CY1101	/ CM	900	1 in the	School	of Phys	ical	and	Mathe	matica	al Scie	nce a	t Nany	/ang
Technol	ogical L	Jnive	rsity.										

## Claims arising from accident and/or damage will be settled and negotiated between the authorized person at this facility and the producers named above.

I acknowledge that I have no right, title or interest in the recording, taping, or photography which contains this location. I further agree that you may use and license others to use the program in which this locations appears, in any and all media and in the promotion, advertising, publicizing and sale of the Programme and/or otherwise throughout the world, in all media, an unlimited number of times in perpetuity.

Name: \_\_\_\_\_\_

Signature

Position - if signing on behalf of company, organization or government department

NRIC:	

Address

Tel/HP: \_\_\_\_\_

Witnessed by:	
NRIC:	Signature
Address	
Tel/HP:	
Date	
I am a parent (guardian) of the minor who has and I will be bound by all the provisions.	signed this release and I agree that the minor
Name :	NRIC:
Address:	
Contact No.:	Signature:
Date:	