



Institute for Media and Communications Research, Keio University

Photo/Film/Video Permit Form

<About Applicant>

Date of application: 2014/(month) / (day) /

Name of person making application

- Last name: _____ First name: _____ Middle name (if applicable): _____

Agency/Organization

- Name: _____
- Address: _____
- Phone number: _____
- Email address: _____

<About Filming and Photographing>

Date: From 2014/(month) / (day) / to 2014/(month) / (day) /

Number of anticipated attendees: _____

Equipment to be used: _____

Place to be filmed and photographed: _____

Please briefly describe the purpose and nature of the shoot.

AGREEMENT

Photographer agrees to:

- be liable for any damage or injury to persons or property relating in any way to the shoot;
- immediately terminate the shoot and remove all persons and property associated with the shoot if directed to do so by Keio University;
- contact Keio University if any of the materials obtained during the shoot will be used for the purposes that are not listed above;
- prevent depiction in any image or images made available for public viewing any activity that would be prohibited by the rules and regulations of Japanese law.

Applicant Signature: _____ **Date:** _____

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