

TALENT RELEASE FORM

I understand the video or photograph(s) or audio recording(s) taken of me by

Producer/Videographer _____
shall be used in connection with Producer's dissemination of information through its independently
produced program called: _____

I hereby irrevocably authorize Producer and Community Television of Santa Cruz County to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing programs, for cable-cast, posting on the Internet, or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge Producer and Community Television of Santa Cruz County from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

(Signature) (Date)

(Printed Name)

(Street Address, City, State, Zip Code)

Name as it will appear on screen: _____

Title as it will appear on screen: _____

(If the person signing above is under age 18, there should also be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)