



WHITMAN HANSON COMMUNITY ACCESS

TV Talent Release Form

I, _____ hereby consent, and by this Release grant my
[Print name of person appearing in video]
permission for _____ WHCA _____ to record and/or tape my (or my child's) image and voice by means of
the videotape and audio recording made during:

_____ at _____
[Print Date of Videotaping] [Print Location of Videotaping]

I understand that WHCA and/or their agent working on this videotaping may use said videotape for non-commercial exhibition on WHCA's Public, Educational or Government distribution methods, in/for the Towns of Whitman and/or Hanson, or for any similar exhibition on any non-commercial, Public, Educational, or Governmental Access distribution system including but not limited to cable television or internet streams/OnDemand.

By my signature below, or if I am a minor, by the signature of my parent or guardian, relinquish all rights to any remuneration for this or subsequent uses of the above recordings. It is understood that these recordings may be edited by WHCA and/or their agent, for the purpose of such non-commercial telecasts described above, at the discretion of the Producer. I further agree to indemnify and hold harmless the Producer, WHCA, the cable company, the Towns of Whitman of Hanson, their employees and officers or designees from any and all claims or liabilities relating to my appearance at this videotaping and any non-commercial exhibition thereof. I understand that by this release, the copyright for these recordings belongs to WHCA, and to no one else.

Name:		Parent's Name*:	
Street Address:			
City:		State:	Zip:
Primary Phone #:	Home <input type="checkbox"/> Cell <input type="checkbox"/>	Secondary Phone #:	Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email Address:			
Signature:		Date:	
Parent's Signature*:		Date:	

** Required if person appearing in video is less than 18 years of age.*

Staff person	Date
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