



MEDIA CENTER

Lights! Camera! Community Action!

MEDIA CENTER TALENT RELEASE

Program Title: (Subject to Change) _____

Producer Name: _____

I have participated in the above-named videotaped production which will be cablecast on the Media Center Cable Public Access TV Channels 27, 28 or 30, and also webcast on the internet simultaneously to its playback on cable TV.

I consent to the use of my recorded likeness and voice in the aforementioned program which may be used in whole or in part for non-commercial exhibition and cablecast in perpetuity. I also consent to use of my name, likeness, voice and biographical material about me in connection with program publicity and for institutional promotional purposes. I do not expect any financial compensation for the use of my voice and likeness nor any editorial control in the making of the above program.

(PRINT) Name: _____

(SIGNATURE) Name: _____

Date: _____

FOR MINORS

I represent that I am a parent (guardian) of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

(PRINT) Name: _____

(SIGNATURE) Name: _____

Date: _____