



PRODUCTION DATE:

PRODUCTION LOCATION:

I, the undersigned, have participated in the above MacNeil/Lehrer Productions program, which I understand might be produced and recorded for duplication and distribution in all media throughout the United States and abroad.

I agree that insofar as I am concerned, the program may be edited as desired and used in whole or in part for television broadcasting; audio-visual, videocassette, videodisc, closed circuit and the internet for exhibition purposes; and all other purposes in any matter or media, in perpetuity throughout the universe. I consent to the use of my name, likeness, voice and biographical material about me in connection with program publicity and for institutional promotional purposes. I expressly release and indemnify MacNeil/Lehrer Productions, its licensees and assignees, from any privacy, defamation or other claims I may have arising out of broadcast, exhibition, publication or promotion of this program.

Participant's name:

Please Print

Participant's signature:

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2700 South Quincy Street, Suite 250, Arlington, VA 22206