



Boston
Neighborhood
Network

Location Release Form

Video Program Release for

Individual Name: _____

Event: _____

Program Name: _____

Field Producer: _____

Date: _____

Location: _____

I have participated in the above Program as indicated above. I hereby grant permission to you to utilize my location for cablecast on BNN-TV and use in any and all media throughout the world in perpetuity.

I understand that the Program may be edited at your sole discretion. I consent to the use of my likeness, voice and biographical material in connection with Program publicity and promotion.

I expressly release you, your agents, employees, licenses and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the Program.

Signed: _____

Address: _____

Date: _____

Signature of Parent or Guardian if individual is under 18 years of age:
