

CATV TALENT RELEASE FORM

I authorize the undersigned Producer to make use of my appearance on:

PROGRAM TITLE:

PRODUCER'S NAME:

PRODUCER'S PHONE NUMBER:

DATE OF TAPING:

I understand that I am to receive no compensation for this appearance. The Producer shall have complete ownership of the program. I give the Producer the right to use my name, likeness and biographical material to publicize the program and the services of the Producer.

The Producer may:

1. Record my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise
2. Make copies of the recordings
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in recordings and any copies so made.

I further understand the master recording remains the property of the Producer and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Talent Signature (Parent or Guardian if under 18 years of age)

_____ Date: _____

I authorize the producer to provide the public access to this recording by sharing it on the Vermont Media Exchange (VMX) program. Initial: _____