

Falmouth Community Television, Inc.  
**Parental Permission Form**

Minor's Name(Print): \_\_\_\_\_

As the parent/guardian of the above named minor, I hereby give my permission for him/her to use the equipment and facilities of Falmouth Community Television, Inc. The above named minor may participate in community television productions which take place (please check each permissible location) either in the studio \_\_\_\_\_ and/or in the field \_\_\_\_\_.

In cases where the above named minor wishes to request facility or equipment use, I will sign all relevant forms accepting responsibility for the equipment and facilities.

I agree to indemnify and hold harmless Falmouth Community Television, Inc. from any liability while the above named minor is using equipment or facilities.

Parent/Guardian's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

In Case of Emergency, please notify: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

(FOR STAFF USE ONLY)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Page 4 of 5 Important: Application will NOT be processed without a completed consent form.**