

FCTV – CHANNEL 13



Falmouth Community Television

Talent Release Form

Participant: _____

Production: _____

Production Location: _____ Production Date: _____

Producer: _____ Production #: _____

I will be participating/have participated in the above program which I understand may be produced and recorded for duplication and distribution throughout the United States and abroad.

I agree that insofar as I am concerned, this program material may be edited as desired and used in whole or in part for cablecasting or broadcasting purposes, for audio and/or visual, cassette, and closed circuit exhibition purposes, and all other purposes in any matter or media. I consent to publication of the program transcript in whole or in part and to the use of my name, likeness, and voice in connection with program publicity and for institutional promotional purposes. I also release the producer from any privacy, defamation or other claims I may have arising out of the recording, reproduction, cablecasting, broadcasting, exhibition, publication, or other distribution and promotion of this program material.

Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone #: _____

I, parent/guardian of the minor who has signed the above talent release, hereby agree that we shall both be bound thereby.

Signature: _____

Date: _____