

Talent Release

Participant:	
Program:	
Production Date:	
Production Location:	

I have hereby participated as indicated on the above program, which I understand will be produced and recorded for airing and distribution by Somerset Access Television, Incorporated. I agree that as far as I am concerned, this program may be edited and used in whole or in part for broadcasting purposes (including over public television stations and over other television and radio stations and CATV channels) for audio and/or visual, cassette, web site, and closed circuit exhibition purposes, and all other non-broadcast purposes in any manner or media, in perpetuity.

I consent to publication of the program transcripts in whole or in part after the broadcast and also consent to use my name, likeness, voice, and biographical material about me in connection with the program's publicity and other promotional purposes. I expressly release the producer from any privacy, defamation, and other claims I may have arising out of broadcast, exhibition, publication, or promotion of this program.

Print name how you would like it displayed on television:

Additional Information for Broadcast: (Web Site, Phone, Address)

Signature:	
Address:	
Contact Phone:	
Date:	

FOR PARENT OR GUARDIAN OF A MINOR:

I represent that I am a parent/guardian of the minor who has signed the above release and I hereby agree that we shall both be bound thereby:

Signature:

Date: _____