

Saco River Community Television

Talent Release Form

Talent Name: _____ **Project Title:** _____

I hereby consent without consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and image , in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner, in any production produced at Saco River Community Television.

at _____ on _____
(Recording Location) (Month/Day/Year)

by _____ for _____
(Producer) (Producing Organization)

Talent's Signature _____ **Address** _____

City _____ **State** _____ **Zip Code** _____ **Phone** _____

Date: ____ / ____ / ____

If the talent is under age 18: _____

Legal guardian _____
(print name) (sign name)

Address _____ **City** _____

State _____ **Zip Code** _____ **Phone** _____ **Date:** ____ / ____ / ____