

Talent Release Form

By signing below I _____, agree to allow
Name of talent

_____, to record my image and voice for an episode of the
Producers of Program

program entitled _____
Name of Program

I understand that this program will be cablecast on the local television channels in Wellesley, Massachusetts and that it may also be posted to the Internet.

I agree to release any and all claims to the video and audio recordings made of me, and any production in which these recordings are used. The producer shall be the sole copyright owner of all video and audio recordings made of me.

Signature of Talent

Date

Signature of Parent/Legal Guardian (if talent is under 18)

Date

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