



Talent Release Form

Program Title: _____
Episode Title: _____
Participant Name: _____
Production Date: _____
Production Location: _____
Producer: _____

I, the undersigned, have participated as indicated in the above program, which I understand will be cablecast over the cable television system. The program may be duplicated and distributed throughout the United States and abroad. I agree that insofar as I am concerned, this program may be edited and used in whole or in part either in cable casting or broadcast television, for audio and/or visual reproduction, cassette and closed circuit exhibition purposes, and all other non-broadcast purposes in any manner of media, in perpetuity throughout the world. I consent to the publication of the program transcript in whole or in part after cablecast and/or broadcast, and also consent to the use of my name, likeness and voice in connection with program publicity and for institutional promotional purposes. I expressly release the producer and Cape Cod Community Television Corporation from any privacy, defamation or other claims I may have arising out of the broadcast, cablecast, exhibition, or promotion of this program.

Participant signature: _____
Date: _____

If participant is under 18:

Parent/Guardian: _____
(please print)

Parent/Guardian signature: _____
Date: _____