



Optimum Channels 75/76/77 Verizon Channels 36/35/34

Authorization and Release

Program Title: _____

Program Producer: _____

I understand that my participation in the above program may be produced and recorded for duplication and distribution throughout the United States and abroad.

I hereby agree and consent that this program material may be edited and used in whole or in part for cablecasting, broadcasting or webcasting 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: _____