



Phone 508-748-1600

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www.orctv.org

Talent Release Form

Program Title: _____

Producer's Name: _____

Participant's Name: _____

Production Date: _____

I, the undersigned, have participated as indicated on the above program, which I understand will be cablecast over the cable television system in Marion, Mattapoisett and Rochester, MA. The program may be duplicated and distributed throughout the United States and /or abroad.

I agree that insofar as I am concerned, this program may be edited as desired and used in whole or part either in cablecasting or broadcast television, for audio and /visual reproduction, cassette and closed circuit exhibition purposes, and all other non broadcast purposes in any manner of media, in perpetuity through the world.

I consent to the publication of the program transcript in whole or 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 promotion purposes. I expressly release the producer and ORCTV from any privacy, defamation, or other claims I may have arising out of the broadcast, cablecast, exhibition, publication, or promotion of this program.

Print or type name of Participant Signature

Address of Participant

Date signed

I, parent or guardian of the minor, who has signed the above release, hereby agrees that we both shall be bound therby.

Print or type parent's name Parent's Signature

Date Signed: _____