



505 Main Street - P.O. Box 446 - Wareham, MA 02571
(508) 273-2340 - www.warehamtv.org - info@warehamtv.org

Don't just watch TV...make it!

MINOR TALENT RELEASE FORM

Producer's Name _____ Date _____

Project name _____

Participant's name _____

I [Participant] agree to participate in the above-identified video program produced by [Producer]. I agree that the program(s) may be broadcast and distributed without limitation through any means and I shall not receive any compensation for my participation.

I confirm that any and all material furnished by me for this program is either my own or otherwise authorized for such use without obligation to me or any third party. I also agree to the use of my name, likeness, portrait or pictures, voice and biographical material about me for educational, program or series publicity and organizational promotional purposes.

I further agree that my participation in the program confers upon me no rights to use, ownership, or copyright. I release **Wareham Community Television**, its employees, agents, and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s).

It is understood that **Wareham Community Television** is under no obligation to broadcast the above identified program(s).

Signing this form serves as agreement to these terms.

Participant's (Minor's) Signature _____

Date _____

I, _____ am the parent or legal guardian of the above-named minor and I endorse the above statement in his/her behalf.

Parent or Guardian Signature _____

Address _____

Phone _____