



I N D I V I D U A L R E L E A S E
COMMUNITY MEDIA CENTER
of the North Bay

PROGRAM : _____

PRODUCER : _____

DATE : _____

I have participated as indicated on the above program. I do hereby grant to the Producer and the Community Media Center the complete and entire right to use my image, likeness, voice, biographical information and material supplied by me for the purpose of video recorded programming, publicity and/or promotion of the above program.

I understand that the program may be distributed on cable, broadcast television and on the internet and used solely for non-commercial purposes. I expressly release the Producer and the Community Media Center from any privacy, defamation or other claims I may have arising out of the initial use of this program.

(please print) **NAME :** _____

POSITION : _____

SIGNATURE : _____

ADDRESS : _____

(City)

(State)

(Zip)

EMAIL: _____

PARENT OR GUARDIAN

I represent that I am a parent (guardian) of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

(please print) **NAME :** _____

SIGNATURE : _____

ADDRESS : _____

(City)

(State)

(Zip)

EMAIL: _____