

# Talent Release



Talent Name: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

I authorize the producer to record and use my name, likeness and performance in the above named program.

I further authorize the producer to use said program for any number of cablecasts on CMAC's access channels.

I understand this program may be edited at the discretion of the producer.

I understand that this tape will be used for noncommercial purposes only and that the producer is not able to require payment from me.

I also authorize the use of my name, likeness, biographical data and performance (in part or whole) for promotional purposes by CMAC.

I agree to hold the producer and/or CMAC harmless from any liability arising out of my performance in the program.

I warrant and affirm that I am at least eighteen years of age or have the below-signed consent of a parent or legal guardian to be included in the above-named program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Participant

\_\_\_\_\_  
Parent or Legal Guardian Signature