

C23 Derry Cable Television
14 Manning Street
Derry, New Hampshire 03038
(603) 425-2031

Talent Release Form

Program Name: _____ Airing Date: _____

Producer/Community Group: _____

Talent's Name: _____

I hereby assign all rights to the videotape and sound recording made of me for the above named program to the producer and/or Derry Cable Television. The producer or designee may edit this material as necessary. The Producer and/or Derry Cable TV will hold the copyright on the program.

I understand that Derry Cable TV and the producer retain ownership of the program and that it will be cablecast on Derry Cable TV.

My name, likeness, voice, biographical information and any materials provided by me be retained for file footage or used for purposes of publicity or promotion of this program, and authorize the producer to reproduce, exhibit, and distribute the program for non-profit use. (optional)

Signature: _____ Date: _____

Name: _____

Address: _____ Phone: _____

Signature of Parent/Guardian: _____

(If under 18 years of age, parent of legal guardian must sign also)

NOTE: Every person that appears on camera must fill out this form BEFORE he or she appears on air. You may reproduce as many of these forms as necessary to complete your talent list.