



Dracut Access Television, Inc.

91 Mill Street, Suite 8
Dracut, MA 01826

Talent Release Form

Participant Name: _____

Program Title: _____

Recording Date: _____

Program Producer: _____

I will participate/have participated in the above Program which I understand may be produced and recorded for duplication and distribution through the United States and abroad.

I agree that insofar as I am concerned, this program material may be edited as desired and used in whole or in part for cablecasting or streaming purposes, for audio and/or visual, and closed circuit exhibition purposes in any matter or media. I consent to publication of the program transcript in whole or in part and to the use of my name, likeness, and voice in connection with program publicity and for institutional promotional purposes. I also release the producer from any privacy, defamation or other claims I may have arising out of the recording, reproduction, cablecasting, exhibition, publication, or other distribution and promotion of this program material.

Signature: _____ Date: _____

Print Name: _____

Phone: _____

I, parent/guardian of the minor (under 18 years age) who has signed the above talent release, hereby agree that we shall both be bound thereby.

Signature: _____ Date: _____

Print Name: _____