



# Talent Release Form

I, \_\_\_\_\_ hereby grant permission to Holbrook Community Access and Media to video tape and/or photograph my appearance, participation, and/or voice. It will also not be limited to poses, acts, plays and also the use of pictures, photographs, silhouette and other reproductions of my physical likeness, sound and spoken words as part of the television program, titled:

\_\_\_\_\_.

I, the aforementioned will also allow the unlimited distribution, advertising, promotion, exhibition and exploitation of the finished product or elements thereof by any method or devise now known or thereafter devised in which the same may be used, and/or incorporated and/or exhibited.

I agree that I will not assert or maintain against you, your successors, your board of directors, staff of Holbrook Community Access and Media, assigns and licensees, any claim, action, suit and/or demand of any kind and/or nature whatsoever. This is including but will not be limited to, those grounded upon invasion of privacy, rights to publicity or other civil rights, or for any other reason in connection with your authorization use of my physical likeness, sound and spoken words in the finished product or element thereof as herein provided. I hereby release you, you're successors, your board of directors, staff of Holbrook Community Access and Media, assigns and licensees, and each of them, from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses unanticipated, which I ever had, now have, or may, shall or thereafter have by reason, matter, cause or thing arising out of your use as herein provided.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bonded to this release after I have signed the forgone.

I \_\_\_\_\_, understand and reserve all rights to Holbrook Community Access and Media for the show entitled: \_\_\_\_\_.

Initial: \_\_\_\_\_

Guardian PRINTED Name (for Talent Under 18): \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE (18+ ONLY)

DATE