



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

LCATV TALENT RELEASE FORM

I hereby agree to permit _____ (Producer) to videotape, transmit, and use in any other form, any and all materials or programming in which I appear or can be heard including, but not limited to: _____ (program title).

I also agree that any and all portions of the above referenced programming may be cablecast on non-commercial public access channels, or be distributed or transmitted for non-profit purposes.

I also agree any and all portions of the above referenced programming may be used in promotional activities. _____ (Producer) may do anything authorized by this Release without seeking my specific approval for any particular use of my voice or likeness.

DATE:

PRINT NAME:

SIGNATURE:

ADDRESS:

PHONE:

EMAIL:

FOR MINOR TALENT UNDER THE AGE OF 18:

PARENT/GUARDIAN PRINTED NAME:

PARENT/GUARDIAN SIGNATURE: