CERTIFICATION #

Model Release

Phone: (651) 792-7515 • Fax: (651) 792-7501 • www.ctv15.org

I, _____ (PRINT NAME), hereby assign rights to the video and audio recording made of me this date, _____ (DATE OF TAPING), for _____ (PROGRAM TITLE) by _____ (PRODUCER), and I hereby authorize the reproduction, copyright, exhibition, broadcast, cablecast and/or distribution of said recordings without limitation for the purpose of Public Access programming.

I hereby waive any right to inspect or approve the finished program/product that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the videographer, his/her representatives, assigns, employees or any person or persons, corporation or corporations, acting under his/her permission or authority, or any person, persons, corporation, corporations, for whom he/she might be acting, including any firm publishing and /or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution, or cablecast of the same.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

_____
NAME

_____
ADDRESS

_____
DATE

I hereby certify that I am the parent and/or guardian of _____ (PRINT MINOR'S NAME), a minor under the age of eighteen years, and I hereby consent that any recordings which have been, or are about to be made by the videographer may be used by him/her for the purposes set forth in the original release above, signed by the minor with the same force and effect as if executed by me.

_____
PARENT / GUARDIAN SIGNATURE

_____
ADDRESS

_____
DATE