

CERTIFICATION #



Program Release

AUTHORIZATION TO MAKE COPIES FOR THIRD PARTY

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

I, _____, hereby authorize rights to CTV North
PRINT NAME
Suburbs for any duplication requests made by a third party for private use or for replay on
another cable channel.

I hereby authorize CTV North Suburbs to be the sole duplicator of the programs and
understand that at no time may the third party duplicate, distribute or sell these programs.

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.

PRINT NAME

TITLE

ORGANIZATION

SIGNATURE

DATE *(This release expires one year from the date above)*