



Talent Release Form

1150 Scott Lk Rd
Waterford, MI 48328
248-682-0401
www.medianetworkofwaterford.org

In consideration of _____ (name of producer)
permitting me to participate in the video tape recording of the program entitled,

I, _____ (talent), hereby agree to assign all rights to the recording and/or taping of my image and voice by means of the videotape and sound recording made of me on this date. I hereby authorize the reproduction, copyright, sales, exhibitions, broadcast, cablecast and/or distribution of said videotape by producer, his or her agent, or assign, without limitation. The signing of this transaction relinquishes all rights to any remuneration for this or subsequent uses of the above recordings. It is understood that these recordings may be used in any manner by the producer without my review.

I further agree to indemnify and hold harmless the producer, _____, Media Network of Waterford, their employees and officers from any and all claims or liabilities.

Talent signature _____
Date

Print name _____

Address _____

City _____

Phone (H) _____ (W) _____ (FAX) _____

If talent is a minor, parent or guardian must also sign:

Parent signature _____
Date