



AUDIO RELEASE FORM

1150 Scott Lake Road
Waterford, MI 48238
248-682-0401
www.medianetworkofwaterford.org

Name: _____ Phone _____

Address _____

Name of CD requested to be broadcast on Media Network of Waterford's, Access Radio.

Is CD compiled of original music recorded by this band? yes _____ no _____

If cover songs are used in your CD, have you attained permission from the artist? yes _____ no _____

Explain: _____

**** No Adult Content Allowed**

Does CD contain adult content, or is it intended for mature audience? yes _____ no _____

I, _____ representing the band _____, hereby agree, and authorize the use of sound recordings agreed upon, for Media Network of Waterford's Access Radio program. 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 will be broadcast on Waterford TV 10 for an undetermined amount of time. I further agree to indemnify and hold harmless the Media Network of Waterford, their employees, and officers from any and all claims or liabilities.

In signing this release to Media Network of Waterford, I agree to the release of the following information to inquiries:

Contact person representing the band: _____ Phone: _____

Signature _____ Date _____