



# MEDIA TALENT RELEASE

I, \_\_\_\_\_ hereby consent, and by this release agree, request and grant my  
*[PRINT NAME OF CHILD APPEARING IN VIDEO]*

permission for Westwood Media Center and to record and/or tape my image and voice by means of the videotape and audio recording made of me on The After School Video Production Course.

I understand that the WMC Producer named above may use said recording for non-commercial exhibition on WMC cable television channel(s) or for similar exhibition on any non-commercial PEG, Public-Educational-Governmental, Access TV Station. The video may also be shown on WMC's website and the producer's website after it has cablecast on WMC's cable channel(s). The video may also be distributed to commercial news outlets which may broadcast edited or unedited portions for their news programs. By my signature below, or if I am a minor, by the signature of my parent or guardian, I relinquish all rights (if any) to any remuneration for this or subsequent uses of the above recordings. It is understood that these recordings may be edited by the Producer named above, or his or her agents, for the purpose of such non-commercial replays described above, at the sole discretion of the Producer. I further agree to release, indemnify and hold harmless the Producer, WMC, Comcast, Verizon, the Town of Westwood, their employees and officers or designees from any and all claims or liabilities, as well as fees, costs and expenses incurred in responding thereto, relating to my appearance on this recording and any non-commercial exhibition thereof. I understand that by this Release, the copyright for these recordings belongs to WMC, and/or its Member/Producer, and to no one else.

I understand that I am receiving the benefit of the WMC Producer's time, efforts and talents, as well as the resources and equipment of WMC, and that the promises made herein are in consideration of these benefits.

**\*\*\* THIS IS A LEGAL DOCUMENT \*\*\***

**\* \* CONSULT YOUR PRIVATE ATTORNEY IF YOU HAVE ANY QUESTIONS \* \* \***

\_\_\_\_\_  
*Signature of PERSON GRANTED RELEASE* DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

\_\_\_\_\_  
*Signature of PARENT/ GUARDIAN*