Program Title: __________________________

Producer: __________________________

I hereby grant to Brattleboro Community Television, Inc. ("BCTV") and the producer permission to transmit live and/or to record for later transmission, universally via any media, my likeness and/or voice as part of the above named program, at any time. I also authorize the use of my name and excerpts from said program for the purpose of promoting and publicizing that program. I waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith.

I realize that the producer(s) of this video are acting on their own behalf and are solely responsible for the content of this program and do not represent BCTV or other public access stations, which are third parties whose facilities are used solely for production and dissemination purposes. I hereby release and agree to hold harmless the above mentioned producer(s) and BCTV and other public access stations and the cable systems by which the signals are transmitted, and as to each their directors, agents, servants and employees, from all claims for damages for libel, slander, invasion of privacy, misappropriation based on any use that is made of my name, voice and likeness in connection with the video production(s), or any other claim based on the use of said material or arising from my participation in the production and any utterance made by me or use of materials furnished by me in connection with my participation in the production.

If over 18, this form must be signed by the person recorded. If the subject is under 18, parental consent is required (see below).

Subject Name (please print):

Signature: __________________________ Date: __________________________

Parent Consent Form - Required for minors

I __________________________ hereby state that I have read this (Please print parent's or guardian's name) agreement and fully understand its contents.

Child's Name: (printed) __________________________

Parent's signature: __________________________ Date: __________________________

Guardian's signature: __________________________

Relationship to Child: __________________________