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TELEVISION
TALENT RELEASE

I, _____ hereby consent and, by this
(NAME OF PERSON APPEARING IN VIDEO)

Release, grant my permission for _____ to record and/or tape my
(PRODUCER)
image and voice by means of the videotape and audio recording made of me on

_____ at _____
(DATE OF VIDEOTAPING) (LOCATION OF VIDEOTAPING)

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SIGNATURE _____

DATE _____

PARENT/GUARDIAN'S NAME(If talent is under 18 years of age) _____

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PARENT/GUARDIAN SIGNATURE _____