



1230 Souter Blvd., Troy, MI 48083
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Individual Talent Release

Program: _____

Producer: _____ **Date:** _____

I have participated as indicated on the above program, which I understand will be produced and recorded for distribution on cable television. I understand that this program will be used solely for non-profit purposes. I expressly release the producer and Community Media Network from any privacy, defamation, or other claims which may arise out of the use of this program.

(Print) **Name:** _____
First Initial Last

Position: _____

(Signature) **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

PARENT or GUARDIAN

I represent that I am a parent (guardian) of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

(Print) **Name:** _____
First Initial Last

(Signature) **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

THANK YOU!

