

MENDHAMTV
2 West Main Street, PO Box 520
Brookside, NJ 07926

MENDHAMTV TALENT RELEASE FORM

PROGRAM: _____

PARTICIPANT: _____

PRODUCTION DATE: _____

PRODUCTION LOCATION: _____

I have participated as indicated on the above program, which I understand will be produced and recorded for duplication and distribution on MendhamTV and other broadcasting mediums.

I agree that insofar as I am concerned, this program may be edited as desired and used in whole or in part for noncommercial broadcasting purposes (including over public television stations and cable television channels on a non-sponsored basis), for audio and/or visual, cassette and closed circuit exhibition purposes and all other non-broadcast purposes in any manner or media, in perpetuity throughout the world. I consent to publication of the program transcript in whole or in part after broadcast and also consent to use of my name, likeness, and voice in connection with program publicity and for institutional promotional purposes. I expressly release the producer from any privacy, defamation or other claims I may have arising out of broadcast, exhibition, publication, or promotion of this program.

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

I, parent/guardian of the minor who has signed the above release, agree that we shall both be bound hereby.

**SIGNATURE OF
PARENT/GUARDIAN:** _____