



BCTV

Berwick Community Television
Sullivan Square, PO Box 696
Berwick, Maine 03901

Talent Release Form

Talent Name: _____ Project Name: _____

I hereby consent without consideration or compensation to the use (full or in part) of all video taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance of the purpose of illustration, broadcast, or distribution in any manner, in any production produced at BCTV.

At: _____ On: _____
(Recording Location) (Date)

By: _____ For: _____
(Producer) (Producing Organization)

Talent's signature: _____ Date: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone number: _____ Alt phone number: _____

If talent is under 21 years of age:

Legal guardian name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone number: _____ Alt phone number: _____

Signature: _____ Date: _____