



**BERWICK COMMUNITY TV
SULLIVAN SQUARE, P.O. BOX 696
BERWICK, MAINE 03901**

**PERSONAL APPEARANCE RELEASE
FOR AUDIO & VIDEO RECORDINGS**

Production Date(s): August 2020

Program Title (*working title*): "Ask the Berwick Police Department"

Child's Name: _____

Producer/Production Entity: Berwick Community TV ("Producer")

I hereby authorize Producer to record and edit into the Program and related materials my child's name, likeness, image, voice and participation in and performance on film, tape or otherwise for use in the above Program or parts thereof (the "Recordings"). I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for this program only.

Audio and video recordings sent will include Child's first name only.

Producer may use and authorize others to use all or parts of the Recordings. Producer, its successors and assigns shall own all right, title and interest, including copyright, in and to the Program, including the Recordings, to be used and disposed of without limitation as Producer shall in its sole discretion determine.

Parent Signature: _____

EMAIL ADDR: _____

Date: _____