

MATA Community Media Program Participation Talent Release

I, _____, hereby authorize
(print talent name)

_____, to record and use my name, likeness and
(print name of MCM TV Program Producer)

performance in the public access program currently entitled _____

I further authorize the above-named MATA Community Media volunteer producer to use said program for any number of cablecasts on MCM's public access channels. I understand this program may be edited at the discretion of the above-named producer. I understand that this tape will be used for noncommercial purposes only and that the above-named producer is not able to require payment from me.

I also authorize the use of my name, likeness, biographical data and performance (in part or whole) for promotional purposes by MCM.

I agree to hold the producer and/or MCM harmless from any liability arising out of my performance in the program.

I warrant and affirm that I am at least eighteen years of age or have the below-signed consent of a parent or legal guardian to be included in the above-named program.

Participant Signature

Printed Name of Participant

Date

Participant's Phone Number

Parent or Legal Guardian Signature
(for participants who are minors)