



**TALENT RELEASE FORM**

I authorize the undersigned Producer to make use of my appearance on:

PRODUCTION TITLE: \_\_\_\_\_

PRODUCER'S NAME: \_\_\_\_\_

PRODUCER'S PHONE NUMBER: \_\_\_\_\_

DATE OF RECORDING: \_\_\_\_\_

I understand that I am to receive no compensation for this appearance. The Producer shall have complete ownership of the program. I give the Producer the right to use my name, likeness and biographical material to publicize the program and the services of the Producer.

The Producer may:

1. Record my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise.
2. Make copies of the recordings.
3. Use my name and likeness for the purposes of education, promotion, or advertising of the sale or trading in recordings and any copies so made.

I further understand the master recording remains the property of the Producer and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Talent Signature

If talent is under 18 years of age, the printed name of the Parent or Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

I authorize the producer to provide the public access to this recording by sharing it on the Video Media Exchange (VMX)\* program and the CATV Vimeo webpage.

Initial: \_\_\_\_\_

\*Vermont Media Exchange (VMX) is a collaborative effort of members of the Vermont Access Network (VAN) working with cable operators in Vermont. Community Media Access Centers have joined together through VAN to enable video file sharing in order to facilitate the distribution of programs produced in one Vermont town that may be of interest to other regions in the state.