

COMMUNITY MEDIA NETWORK

● Modesto's Public Access TV Station – Committed to make our community better

CHANNEL 

PRODUCERS TALENT RELEASE FORM

I hereby agree to permit _____ (Producer)
To videotape, transmit, and use in any other form, any and all materials or
programming in which I appear or can be heard including:

(Program Title)

I also agree that any and all portions of the above referenced program may be
cablecast on non-commercial public access channels, or be distributed or
transmitted for non-profit purposes.

I also agree any and all portions of the above reference program may be used in
promotional activities.

_____(Producer) may do
anything authorized by this release without seeking my specific approval for any
particular use of my voice or likeness.

Print Name: _____

Name of Program _____

Talent
Signature: _____

Home
Phone: _____ Email: _____

Date: _____

Your Parent or legal guardian must sign this form if you are under the age of 18.

Parent Signature: _____ Date

COMMUNITY MEDIA NETWORK
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