

TALENT RELEASE FORM
(Permission for Audio & Video capture/edit/distribution)

I, _____, grant permission
[Talent Name]

To use my name and audio and/or video recording(s) for a video program produced
by Community Access Producer _____
[Producer Name]

I understand that permission allows the producer to distribute the production results with Wallingford Public Access Association, Inc. which includes Comcast and ATT U-Verse in Town of Wallingford and the Internet. [] I understand distribution may include video contests, other access stations and distributions available to this producer. I initial this release to extend distribution to other than WPAA resources.

_____ - (signed/talent)

_____ - date

[] The Talent is under age eighteen. The person named above being a minor has my consent as parent/guardian to be a video program talent.

_____ - (parent /guardian)

_____ - date

_____ Initial here to extend release

About the **USER** (person submitting form) _____ - date /initials WPAA agent rec'd

Name	
Affiliation (if applicable)	
Evening Telephone	
E-mail address	
Mail Address	



WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.

128 Center Street Wallingford, CT 06492

Tel: (203)294-9722 Fax: (203)265-6310 Email: wpaatv@gmail.com

Use this form to comply with 'secure permissions' portion of Community Access Policy.

Document publicly noticed here:

http://7towntv.org/WPAA_Forms/WPAAUserPolicy_br0309.pdf