

PERSONAL APPEARANCE RELEASE

I authorize Community-Minded Television, Cable Channel 14 of Spokane, Washington (CMTV), to transmit and record on video or audio tape or otherwise, my voice, image, name, or performance for use in Community-Minded TV programming. I understand that the recordings may be edited by the channel/producers as desired, for use in unlimited appearances via CMTV's cable/DVD programming and its web- or pod-casts. CMTV or the producers shall own all right, title and interest in this material.

I understand I am to receive no financial compensation for my appearance in any non-commercial material.

I give the Producers the right to use my name, likeness, and biographical information in publicizing or promoting the CMTV programming.

I expressly release CMTV, its licensees and assignees, from all claims arising out of my participation or appearance in community-access programming.

Name: _____

Organization: _____

Address: _____

Phone Number: (____) - _____ E-mail: _____

Signature: _____ Date: ___/___/___

If person appearing in CMTV program is under 18 years of age, parent or guardian must sign to indicate their approval / knowledge of actions.

I hereby consent to my child's participation in this CMTV production, with rights granted as noted above.

Print name of parent /guardian: _____

Address: _____

Phone Number: (____) - _____ E-mail: _____

Parent / Guardian's Signature: _____ Date: ___/___/___