



TALENT/PARENTAL RELEASE FORM

Name of Producer _____

Title of Program _____

I hereby assign, without compensation, all rights and release from liability the above producer and the Sacramento Community Cable Foundation (doing business as Access Sacramento) for the recording, reproduction, exhibition, cable casting, over-air broadcast, internet streaming and distribution of my visual image and/or voice for non-profit use.

TALENT'S NAME (Please Print): _____

TALENT'S SIGNATURE: _____

DATE: _____ Phone () _____

I certify that I am the parent or guardian of _____ (indicated above as "Talent"), a minor under the age of eighteen years. I hereby consent that any videotapes and/or audiotapes and/or live productions which have been or are about to be made by the above producer may be used for the purposes explained above.

NAME OF PARENT OR GUARDIAN (Please Print): _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____ Phone () _____

4623 T Street, Suite A, Sacramento, CA 95819 (916) 456-8600