



SPC-TV
SOUTH PORTLAND COMMUNITY TELEVISION

Talent Release Form

Talent Name: _____ Project Title: _____

I hereby consent without consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner, for the Project Title listed above, produced at South Portland Community Television.

at _____ on _____
(Recording Location) (Month) (Day) (Year)

by _____ for _____
(Producer) (Producing Organization)

Talent's signature _____ Address _____

City _____ State _____ Zip code _____ Phone _____

Date: ____/____/____

If the talent is under age 18:

Legal guardian _____
(print name) (sign name)

Address _____ City _____

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State _____ Zip Code _____ Phone _____ Date: ____/____/____

