

Public Access Talent Release Form

Stow TV Public Access Television

380 Great Road, Stow MA 01775 | Tel. 978-897-7732 | stowtv@stow-ma.gov

I, _____ hereby consent,
[Print Name of Person or Group Appearing in Video]

and by this Release grant my permission for a Stow Video Producer to record and/or tape my image and voice by means of the videotape and audio recording made during

_____ at _____
[Print Date of Videotaping] [Print Location of Videotaping]

I understand that the Producer working on this videotaping may use said recording for non-commercial exhibition on Stow TV Public Access Channels, By my signature below, or if I am a minor, by the signature of my parent or guardian, I relinquish all rights to any remuneration for this or subsequent uses of the above recordings. It is understood that these recordings may be edited by the Producer, for the purpose of such non-commercial telecasts described above, at the discretion of the Producer. I further agree to indemnify and hold harmless the Producer, Stow TV, the cable companies, the Town of Stow, their employees and officers or designees from any and all claims or liabilities relating to my appearance at this videotaping and any non-commercial exhibition thereof. I understand that by this Release, the copyright for these recordings belongs to the Producer, and to no one else.

Yes___ No___ *The recording may be shown on other non-commercial Public Access stations in other communities.*

Yes___ No___ *The Producer or Public Access stations have my permission to make the recording more widely available on the Internet.*

**[Signature of Person Appearing in Video [Date]
or authorized Representative]**

[Print Name of Parent/Guardian if above is a minor]

[Signature of Parent/Guardian] [Date]

[Street Address] [Town or City] [State/Zip Code]

[Home Phone] [Cell phone or work phone]