

Be The Media Cablecast / Webcast Recording Release Form

Today's Date: _____

By signing this form, I give permission to _____
(Name of Video Creator)

to videotape my image and/or voice and have it telecast on West Hartford Community Television cable channels. I understand that this program will be available on West Hartford Community Television's website both live and archived formats.

I expressly release the above producer, West Hartford Community Television, its board of directors, employees, licensees, and assignees, from any and all claims, including copyright, privacy, and defamation arising out of any broadcast, exhibition, publication, or promotion of this program.

Name of Individual to be videotaped (print full name)

Signature

Signature of parent/guardian if individual is under 18 years of age

Relation to subject (if subject is a minor)

Title of Event

Date(s) of event

Location of event

Street address

City, State, Zip Code

Telephone (Optional)

E-mail address (Optional)