

# Talent Release Form

I hereby give permission for the presentation/performance to be given by me

on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(date) (location) (city/state)

to be videotaped by the following community producer,

\_\_\_\_\_  
(name of community producer and organization, if any)

I also give permission for this program/performance to be cablecasted by Chicago Access Corporation. This permission also allows Chicago Access Corporation to use the videotape(s) in its promotional activities.

Further, permission is also given for this videotape(s) to be shown on other cable television systems, if so desired by the community producer identified above, without further clearance.

\_\_\_\_\_  
Signature of individual or authorized representative of event, group or organization videotaped Date

\_\_\_\_\_  
If under 18, signature of parent Date

Please print the name, address and phone number of the individual or the authorized representative of the group being videotaped.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ or (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_