



Talent Release Form

Lockport Community Television
293 Niagara Street Lockport, New York 14094
(716) 434-1733 www.lctv.net

Participants Name: _____

Project Title ("Program"): _____

Production Date(s): _____

In consideration for the opportunity to participate in the above identified Program produced by

_____ (Producer's Name),

I agree that the Program and uses thereof, may be used for theatrical release, television and radio broadcasting, cable-casting, audiovisual, digital and closed circuit exhibition including, but not limited to, home and institutional video distribution sales, CD-ROM, DVD, World Wide Web and other computer and mechanical distribution of whatever kind in any media (now known or hereafter invented), throughout the world in perpetuity.

I further agree that the Program may be edited for broadcast and that my appearance on the Program confers me no ownership rights. I confirm that I will receive no compensation for this use and that I am to receive no compensation of any kind as a result of any recordings, rebroadcasts, or other broadcasts or non-broadcast uses thereof.

I release _____ (Producer's Name), its employees, agents, and assigns from all liability for all claims by me or any third party in connection with my participation in the Program. I understand that the Producer is not obliged to make use of this appearance or exercise any of the rights granted in this release.

I confirm that any and all material furnished by me for this Program is either my own or otherwise authorized for such use without obligation to me or to any third party. I also agree to the use of my name, likeness, portrait or pictures, voice, and biographical material for educational, Program publicity, derivative works thereof, and organizational promotional purposes.

This release shall be binding on my heirs, successors, and assigns.

I have read and understand the meaning of this release.

Date: _____

Signature: _____

Address: _____
