



Derry Community Television
Town of Derry, NH, 14 Manning St, Lower Level
603-845-5514
Find us on Facebook

TALENT RELEASE FORM

Program Name: _____

Airing Date: _____

Producer/Community Group: _____

Talent's Full Name (print): _____

I hereby assign all rights to the videotape and sound recording made of me for the above named program to the producer and/or Derry Cable Television. The producer or designee may edit this material as necessary. The Producer and/or Derry Cable TV will hold the copyright on the program.

I understand that Derry Cable TV and the producer retain ownership of the program and that it will be cablecast on Derry Cable TV.

My name, likeness, voice, biographical information and any materials provided by me be retained for file footage or used for purposes of publicity or promotion of this program, and authorize the producer to reproduce, exhibit, and distribute the program for non-profit use.

Talent Signature: _____ Date ____ / ____ / ____

Talent Address: _____

Talent Phone: _____ Talent Email: _____

Signature of Parent/Guardian: _____

(If under 18 years of age, parent of legal guardian must sign also)

NOTE: Every person that appears on camera must fill out this form BEFORE he or she appears on air. You may reproduce as many of these forms as necessary to complete your talent list.