



WATCH & LEARN

Presenter Release

PLEASE PRINT

PROGRAM TITLE: _____

PRODUCTION DATE(S): _____

LOCATION: _____

PARTICIPANT: _____

PRODUCER: _____

In consideration of my appearance on the above Program: *(Please check all)*

- I hereby authorize the Producer to record my name, likeness, image, voice and performance for use in the above Program, or parts thereof. I agree that the Program may be edited as desired and used in whole or in part for any and all broadcasting, audio-visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the Program or any benefits derived therefrom.
- I confirm that any material furnished by me for the above Program (music, writing, creative services, film or video footage) is either my own, or its use for the Program has been authorized to me without any restrictions from any third party. Consideration, if any, for such material has been separately stated in a written instrument or added below.
- I consent to the use of my name, likeness, voice and biographical material about me in connection with the Program's promotion.
- I represent that I have the right to enter into this Agreement and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.
- I agree to indemnify and hold harmless the Producer from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees, arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release the Producer from any and all claims arising out of the use of the Program.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

Participant: _____ Date: _____

Address: _____

_____ Email: _____

COMPLETE THE FOLLOWING IF THE PERSON APPEARING IS A MINOR

I represent that I am the parent/guardian of the minor who has signed above.
I agree that we both shall be bound by this Agreement.

Parent or Guardian: _____ Date: _____

REGIONAL
EDUCATIONAL
TELEVISION
NETWORK

PO Box 4494
Burlington, Vermont
05406-4494

T 802.654.7980
E info@retn.org
F 802.654.7984

WWW.RETN.ORG

CHANNEL 16
Comcast & Burlington Telecom

Burlington
Essex
Essex Junction
St. George
So. Burlington
Williston
Winooski



Charlotte
Hinesburg
Ferrisburgh
Shelburne
Vergennes