



WATCH & LEARN

# Appearance Release

**PLEASE PRINT**

PERSON APPEARING: \_\_\_\_\_

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

PRODUCTION DATE: \_\_\_\_\_

PRODUCER(S): \_\_\_\_\_

**I authorize RETN and the associated producer to record and edit into Programs/Series/Segments and related materials**, my name, likeness, image, voice and performance. RETN and the producer may use and authorize others to use all parts of the Program, including the recordings, for any purpose and dispose of without limitation as RETN and the producer shall in their sole discretion determine. This authorization is without date restriction.

Signature of Person Appearing: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ 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.

Signature of Parent/Guardian: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Address (*if different than above*): \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Email: \_\_\_\_\_

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