COMMUNITY VOICE CHANNEL

Cablecast Clearance Form Studio & Field

I authorize, PRODUCER'S NAME, a	producer at Community Voice Channel, to V	ideotape: EVENT on DATE .	
	on tape or otherwise, my name, voice and perform		ay edit such
	rize others to use the program or portions thereof		
and interest at any time existing in and to the	e program without limitation to be used and dispo	osed of, as Community Voice Channel shall i	n its sole
discretions determine.			
I understand that I am to receive no	compensation for this appearance. The videotape	d program will be cable cast through the non	-commercial
channels of Community Voice Channel.			
I give the producer the right to use r	my name, likeness and biographical material to pro-	iblicize the program, derivative works thereo	of and the
service of the producer.			
- ·	ce Channel, its licensees and assignees, from all o	laims arising out of the breach of any covena	ant or warrant
I have made herein.			
1) Date: Print Name:	Signature:erneath your child's name)	Email :	
(If under 18, parent or guardian, please sign under	erneath your child's name)		
Date: Print Name:	Signature:	Email:	
Date 1 Thit Name.	Signature	Lillaii	
2) Date: Print Name:	Signature:	Email:	
(If under 18, parent or guardian, please sign und	Signature:erneath your child's name)		
Date: Print Name:	Signature:	Email:	
2) Deter	Ci ma atauna	E II.	
(If under 18, parent or guardian, please sign und	Signature:	Email:	
(If under 16, parent of guardian, please sign und	erneaur your crind's name)		
Date: Print Name:	Signature:	Email:	
		Billwill	
4) Date: Print Name:	Signature:	Email:	
(If under 18, parent or guardian, please sign und	erneath your child's name)		
D. D. D. L. M.	Q'	P. 11	
Date: Print Name:	Signature:	Email:	

COMMUNITY VOICE CHANNEL

Cablecast Clearance Form Studio & Field

I authorize, PRODUCER'S NAME, a producer at Community Voice Channel, to Videotape: EVENT on DATE

I authorize the producer to record, on tape or otherwise, my name, voice and performance for use in the program. The producer may edit such recording as desired and may use and authorize others to use the program or portions thereof or except there from. The producer shall own all right, title and interest at any time existing in and to the program without limitation to be used and disposed of, as Community Voice Channel shall in its sole discretions determine.

I understand that I am to receive no compensation for this appearance. The videotaped program will be cable cast through the non-commercial channels of Community Voice Channel.

I give the producer the right to use my name, likeness and biographical material to publicize the program, derivative works thereof and the service of the producer.

I expressly release Community Voice Channel, its licensees and assignees, from all claims arising out of the breach of any covenant or warranty I have made herein.

5) Date:(If under 18, pa	Print Name: rent or guardian, please sign underneath your child's	Signature:s name)	Email :
Date:	Print Name:	Signature:	Email:
6) Date:(If under 18, pa	Print Name: rent or guardian, please sign underneath your child's	Signature:s name)	Email:
Date:	Print Name:	Signature:	Email:
7) Date:(If under 18, pa	Print Name:rent or guardian, please sign underneath your child's	Signature:s name)	Email:
Date:	Print Name:	Signature:	Email:
	Print Name: rent or guardian, please sign underneath your child's		Email:
Date:	Print Name:	Signature:	Email: