SATV Talent Release Form (Unlimited Use or Limited Use) 9-21-11

Producer must have talent sign only one

Production/Program Title: _____ Producer's Name: _____

Participant's Name: _____ Production Date: _____

Unlimited Use

I, the undersigned, have participated as indicated on the above production/program, which I understand will be cablecast over the cable television system. The production/program may be duplicated and distributed throughout the United States and /or abroad.
I agree that insofar as I am concerned, this production/program may be edited as desired and used in whole or part either in cablecasting or broadcast television, for audio and /visual reproduction, cassette and closed circuit exhibition purposes, and all other non broadcast purposes in any manner of media, in perpetuity through the world.
I consent to the publication of the production/program transcript in whole or part after cablecast and /or broadcast, and also consent to the use of my name, likeness, and voice in connection with production/program publicity and for institutional promotion purposes. I, the undersigned agree to indemnify and hold harmless the Producer, Salem Access Television Corporation, the cable companies, the City of Salem, MA, their employees and officers or designees from any and all claims or liabilities relating to my appearance at this videotaping and any non-commercial exhibition thereof. I expressly release the producer and Salem Access Television Corporation from any privacy, defamation, or other claims I may have arising out of the broadcast, cablecast, exhibition, publication, or promotion of this program. I understand that by this Release, the copyright for these recordings belongs to the Producer, and to no one else.

_____ _____
Participants Name Signature

_____ _____
Participants Address Date Signed

I, parent or guardian of the minor, who has signed the above release, hereby agrees that we both shall be bound thereby:

_____ _____ _____
Parent or Guardian's Name Parent or Guardian's Signature Date Signed

Limited Use

I, the undersigned hereby grant the above producer permission to use my image (video) and voice (audio) in **ONLY** the finished video production/program named above. No un-used parts or portions of my image (video) and/or voice (audio) recorded in the making of said production/program may be used in any way without my expressed written consent (this includes but is not limited to: alternate takes, out-takes/"bloopers", sound checks, lighting checks, previously recorded images and/or submitted by me but not used in this production/program etc.). Failure of the producer to adhere to these conditions will result in the suspension and/or termination of their (producer's) SATV membership. However, I, the undersigned understand that the finished production/program as named above, may be used in whole, or edited part by Salem Access Television for promotional purposes on any cablecast, broadcast television or for audio and visual reproduction, cassette and closed circuit exhibition purposes and all other non-broadcast purposes in any manner of media (including, but not limited to internet social networking media e.g. facebook, YouTube etc) in perpetuity throughout the world.

_____ _____
Participants Name Signature

_____ _____
Participants Address Date Signed

I, parent or guardian of the minor, who has signed the above release, hereby agrees that we both shall be bound thereby:

_____ _____ _____
Parent or Guardian's Name Parent or Guardian's Signature Date Signed