



LYNN COMMUNITY TELEVISION

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www.lynnntv.org info@lynnntv.org

verizon
CHANNELS 37 & 38

Comcast
CHANNELS 3 & 22

PUBLIC & GOVERNMENT ACCESS
TELEVISION FOR LYNN, MA

Individual Release

PROGRAM: _____

PARTICIPANT: _____

PRODUCTION DATE: _____

PRODUCTION LOCATION: _____

I have hereby participated as indicated on the above program, which I understand will be produced and recorded for airing / distribution throughout Lynn Community Television.

I agree that insofar as I am concerned, this program may be edited and used in whole or in part for broadcasting purposes (including over public television stations and over other television and radio stations and LCTV channels) for audio and/or visual, cassette, web site, and closed circuit exhibition purposes, and all other non-broadcast purposes in any manner or media, in perpetuity.

I consent to publication of the program transcripts in whole or in part after the broadcast and also consent to use my name, likeness, voice, and biographical material about me in connection with the program's publicity and other promotional purposes. I expressly release the producer and Lynn Community Television from any privacy, defamation, or other claims I may have arising out of broadcast, exhibition, publication, or promotion of this program.

PRINT NAME: _____

SIGN NAME: _____ DATE: _____

ADDRESS: _____

PHONE: Day: ____ (____) _____ Eve: ____ (____) _____

EMAIL: _____

FOR PARENT OR GUARDIAN OF A MINOR: I represent that I am a parent/guardian of the minor who has signed the above release and I hereby agree that we shall both be bound thereby:

PRINT PARENT/GUARDIAN NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ADDRESS: _____