

RECOMMENDED
ACCESS PROGRAMMING PERSONAL RELEASE FORM

To Whom It May Concern:

I hereby agree to your recording my appearance and participation in a television program being created by you to appear on Cablevision Public, Educational, and/or Government Access Channel.

I acknowledge that you are and will be the sole owner of all rights in and to the program.

You shall have the right to use my name, portrait, picture, and biographical material to publicize and advertise the program.

I hereby indemnify Cablevision, its successors, assigns, and you against any and all claims, damages, liabilities, costs, and expenses arising out of the use of ideas or words expressed by me during the program or ad libs spoken or unauthorized acts done by me in connection therewith.

Signature

Date

NAME, ADDRESS, AND SIGNATURE OF PARENT OR GUARDIAN, IF TALENT IS A MINOR:

Name (Please Print)

Address

Signature

Date