

**Talent Name:** 

## CMC Individual Talent Release Form

I hereby consent to the use of my name, likeness, picture, and/or voice by the staff and volunteers of the Community Media Center (CMC) for cablecasting, direct exhibition, and subsidiary purposes.

Such uses will not be made as direct endorsement of any product or service. I hereby indemnify you and your licensees respecting any claim arising from my actions or statements on the program. No compensation will be received in exchange for permissions granted herein.

(Printed)
Talent signature:
Talent phone: Email:
Date:
Producer:
Program Title:
Parents/Legal Guardian I decree that I am the parent/guardian of Who is a minor and that I hereby authorize, approve, and agree to the contract signed by him/her as stated above.
Talent/Parent/Guardian Signature:  Date:

For more information about membership or the CMC, please call 410-386-4415 or visit www.carrollmediacenter.org

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