



SCATV

Somerville Community Access Television

TALENT RELEASE

I, _____, hereby give permission without restrictions to Somerville Community Access Television and assignees to use my name, likeness, pictures and/or voice in connection with activities at Somerville Community Access Television for cablecast, Internet, duplication, distribution, direct exhibition, and any subsidiary purposes whatsoever in perpetuity.

The foregoing consent is granted with the understanding that Somerville Community Access Television has the sole discretion to edit the video and/or voice recording of my appearance as they see fit for use in future programming for the station and publicity, and I specifically waive any right to compensation I may have with respect to such use of my name, likeness and/or voice.

Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date: _____

Signature of Parent or Guardian if student under age 18:

X _____

