## Sterling-Lancaster Community Television, Inc. Office/Studio 27 Main Street

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## **INDIVIDUAL RELEASE**

PROGRAM NAME	
PRODUCTION	DATE
PRODUCTION LO	CATION
I have hereby participated as indicated on the aboup produced and recorded by for airing/distribution t Television.	
I agree that insofar as I am concerned, this program part for broadcasting purposes including over pub media, in perpetuity.	
I consent to publication of the program transcripts and also consent to use my name, likeness, and voi publicity and other promotional purposes. I expreprivacy, defamation, or other claims I may have ari publication or promotion of this program.	ce in connection with the program's ssly release the producer from any
NAME (PRIN	NT)
NAME (SIGN)	DATE
EMAIL ADDRESS	PHONE NUMBER
FOR PARENT OR GUARDIAN OF A MINOR: I represent that I am a parent/guardian of the mind hereby agree that we shall both be bound thereby:	or who has signed the above release and I
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN NAME (SIGN)
Ray 4.1 Sant 2022	DATE

**Broadcast Facilities**