

PERFORMANCE / VISUAL ARTS RELEASE

I hereby consent to permit Acton Public Access Television (APAT) to transmit or to record on film, tape, or otherwise, my voice and/or picture, name, likeness or performance/visual art/musical composition for single or multiple performances, and to permit said APAT to supply recordings thereof to other broadcasting/cablecasting organizations and to consent to further broadcast, cablecast, or other use thereof without limit. This consent also extends to the use of my name and/or likeness, any portion of my performance/visual art/musical composition, and biographical information about me in publicizing or promoting such cablecasts or other uses of my artwork in one or more television programs(s) cablecast by Acton Public Access Television.

Name: _____ Phone #: _____

Address: _____

Email: _____

Signature: _____ Date: _____

If talent is under 18 years of age, parent or guardian must sign to indicate their approval/knowledge of actions.

Parent/Guardian Name: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____ Phone #: _____