

TALENT RELEASE

For good and valuable consideration, the receipt of which is
hereby acknowledged, I,, of,
(Releasor) (Address)
this day of, hereby irrevocably grant and (Month) (Year)
release to and his/her representatives, (Releasee/Producer)
licensees, successors and assigns and heirs ("Releasee") the right to
interview me, to photograph and film and otherwise visually and
audiovisually record me, in traditional or digital formats now known
or hereafter to become known, and to so record my voice in connection
with the production of the Public Access program (the "Program")
described below:
Program Title:
Organization (if applicable)
Name(s) of the Public Access Producer(s)
I, the undersigned, also hereby irrevocably grant to the Releasee, with respect to the photographs, films, tape or recordings (the "Pictures") taken of me by or on behalf of Releasee, the unrestricted absolute, perpetual, worldwide right to: 1. Reproduce, copy, modify, create derivatives in whole or in part, or otherwise use the Pictures or any part thereof in combination with or as a composite of other matter, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all

formats of computer readable electronic magnetic, digital, laser or optical-based media (the "Works");

- 2. Use and permit to be used my name, whether in original or modified form, in connection with the Works as Releasee may choose; and,
- 3. Display, perform, exhibit, distribute, transmit or broadcast the Works by any means known or hereafter to become known.

I hereby waive all rights and release RI PBS Foundation(its affiliates, officers, directors, employees and agents) and the Releasee from, and shall neither sue nor bring any proceeding against any such parties for, any claim or cause of action, whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, based upon or relating to the use and exploitation of the Pictures.

I agree that there shall be no obligation to utilize the authorization granted by me hereunder. The terms of this authorization shall commence on the date hereof and be without limitation.

I warrant and represent that I am free to enter into this agreement.

(Releasor - Signature)	(Witness - Signature)
(Address)	(Witness - Print Name)
Dated: NOTE: If the Releasor is seventeen (1 parent or legal guardian sign the follows)	
On this day of(Month)	(Year), I (Parent/Legal Guardian)
on behalf of (Name of minor)	my (Insert "son", "daughter" or "ward")
who is years of age, approve	and agree to the foregoing.
(Parent/Legal Guardian - Signature)	(Witness - Signature)
(Address)	(Witness- Print Name)