

## TALENT RELEASE

For good and v	aluable consider	ration, the receipt of which is
hereby acknowledged	d, I,	, of
	(Releasor)	(Address)
this day of	(Month) (Year)	hereby irrevocably grant and
	and ee/Producer)	l his/her representatives,
interview me, to photo audiovisually record mo	ograph and film a	heirs ("Releasee") the right to and otherwise visually and I or digital formats now known so record my voice in connection
		s program (the "Program")
Program Title:	<u> </u>	<u></u>
Name(s) of the	Public Access Pr	roducer(s)
Releasee, with respect (the "Pictures") taken unrestricted absolute,  1. Reproduce, compart, or other combination with the put not limited.	to the photogra of me by or on perpetual, wo opy, modify, cr rwise use the Pi vith or as a comp d to, text, data,	irrevocably grant to the aphs, films, tape or recordings a behalf of Releasee, the rldwide right to: reate derivatives in whole or in actures or any part thereof in posite of other matter, including, images, photographs, raphics, 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 Ocean State Media Group (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:		
	e Releasor is seventeen gal guardian sign the fol	(17) years of age or less, have lowing:
On this	day of	, I
	(day) (Month)	(Year), I (Parent/Legal Guardian)
on behalf of		my (Insert "son", "daughter" or "ward")
	(Name of minor)	(Insert "son", "daughter" or "ward")
who is (Age)	years of age, appro	ove and agree to the foregoing.
(Parent/Legal	Guardian - Signature)	(Witness - Signature)
(Address)		