



Personal Release Form

I, _____, do hereby authorize Plymouth Area Community Television to use my likeness and/or photograph in any manner as they elect, with any and all media now known or hereafter devised, throughout the world in perpetuity in connection with programming produced through Plymouth Area Community Television, Inc. (PACTV).

Furthermore, I do hereby release _____, PACTV, its employees, Board of Directors or volunteers from all claims, liabilities or actions included but not limited to libel, invasions of privacy, and misappropriation of name and likeness, based upon any use that is made of my name, voice and likeness in connection with the programs.

Date:

Signature:

Print Name:

Address:

City:

State:

Zip:

To be completed if the participant is under 18 years of age:

I represent that I am the parent or guardian of the minor who has given the above release and hereby agree that I, and said minor will be bound thereby.

Parent/Guardian signature:

Print Name:

Address:

City:

State:

Zip: