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Personal Release Form

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

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

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.

Date: _____

Parent/Guardian signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

