TALENT RELEASE FORM
(Permission for Audio & Video capture/edit/distribution)

I, _____, grant permission to use my name and audio and /or video
[Talent Name]
recording(s) for a video program produced by community access Producer _____
[Producer Name]

I understand that permission allows the producer to distribute the production results with East Haven Public Television, Inc. which includes Comcast and ATT U-Verse in Town of East Haven and the Internet, [ ] I understand distribution may include video contents, other access stations and distributions available to this producer. I initial this release to extend distribution to other than **ETV** resources.

_____-(signed/talent)
_____-date

[ ] **The Talent is under age eighteen**. The person named above being a minor has content as parent/guardian to be a video program talent.

_____- (parent/guardian)
_____-date
_____ Initial here to extend release

About the **USER** (person submitting form) _____-date/initials ETV agent rec'd

Name	
Affiliation (if applicable)	
Evening Telephone	
E-mail Address	
Mail Address	

EAST HAVEN PUBLIC TELEVISION INC.
400 COE AVENUE P.O BOX 120363,
EAST HAVEN CT, 06512
(203) 469-6151
www.easthaven.tv
info@easthaven.tv