



**Carver Community  
Access Television**

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P.O. Box 287  
Carver, MA 02330  
(508) 866-1019  
[www.ccat.cc](http://www.ccat.cc)

**TALENT RELEASE FORM**

PRODUCER(S): \_\_\_\_\_

PROGRAM: \_\_\_\_\_ Single/Series: \_\_\_\_\_

I release the above producer(s), Carver Community Access Television Corp., its officers and staff, and the town of Carver from any liability resulting from claims I may have concerning the recording, reproduction, exhibition, cablecasting, and/or distribution of my name, visual image, and/or voice. I agree that this program material may be edited and used in part or in entirety for nonprofit use.

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_

Print name: \_\_\_\_\_ PHONE \_\_\_\_\_

Address: \_\_\_\_\_

**THE SECTION BELOW MUST BE COMPLETED BY A PARENT  
OR LEGAL GUARDIAN FOR MINORS**

I certify that I am the parent or legal guardian of \_\_\_\_\_, a minor under the age of eighteen years. I release the above producer(s), Carver Community Access Corp., its officers and staff, and the town of Carver from any liability resulting from claims I may have concerning the recording, reproduction, exhibition, cablecasting, and/or distribution of my name, visual image, and/or voice. I agree that this program material may be edited and used in part or in entirety for nonprofit use.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(parent or guardian)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_