



WINDSOR COMMUNITY TELEVISION

MINOR RELEASE FORM

Date _____

I hereby consent that the Windsor Community Television (WIN-TV) or any person authorized by WIN-TV, may use photographic and/or film images in which my child, _____, may be included in whole or in part for a WIN-TV production. I grant permission to cablecast, exhibit, market, and otherwise distribute the production which includes the likeness, image, voice, appearance or performance of my child, for non-commercial television, theater, closed circuit exhibitions, home video distribution or any other purpose WIN-TV, at their discretion, may determine.

I hereby waive the right that I may have to inspect and/or approve the unfinished product, the finished product or the copy/script that may be applied.

I, the undersigned, represent that I am the parent or legal guardian of the person whose name appears above. I have read the above authorization and release, prior to its execution and I am fully familiar with it and agree to it.

SIGNATURE _____

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____