



## Pleasantville Community Television

### AUTHORIZATION AND RELEASE CLEARANCE FORM

I hereby authorize a representative of PCTV (Pleasantville Community Television) to record my visual and audio likeness or that of the minor(s) indicated below for whom I take responsibility.

In addition, I authorize PCTV (Pleasantville Community Television) to broadcast and/or re-broadcast, at a later date, my visual and audio likeness or that of the minor(s) indicated below for whom I take responsibility for public viewing on community television or website.

I also authorize PCTV (Pleasantville Community Television) to use the name, title, visual likeness, and quotes and/or accurate paraphrases from any interview featuring me, or the minor(s) indicated below for whom I take responsibility in print advertising for PCTV without expectation of monetary compensation.

I understand that by granting this permission I release and clear PCTV (Pleasantville Community Television) from any and all damages that may result from the recording, broadcast or re-broadcast of this program.

I waive any right I may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith.

I declare that I am eighteen years old or older, or the parent or legal guardian of the minor guest and am legally competent to execute the Guest Authorization and Release Clearance Form.

Taping Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Host/Interviewer: \_\_\_\_\_

Show Title: \_\_\_\_\_

Episode Title: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of minor (if applicable): \_\_\_\_\_

Parent signature (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_