

Talent Release Form

I hereby assign to Brookline Cable Community Trust, Inc. (operating name: Brookline Access Television) all rights to the recording and/or taping of my appearance by means of the videotape and audio record made on this date, and I hereby further authorize the reproduction, copyright, sales, exhibition, cablecast, webcast and/or distribution of said videotape by Brookline Cable Community Trust, Inc. or its agent(s) or assignee(s) without limitation.

Program Name

Producer's Name

Talent Signature

Date

Print Name

Parent or Legal Guardian Print Name

Signature

Address

City

State

Zip Code

Day Telephone

Evening Telephone

**Brookline Access
Television**

194 Boylston Street
Brookline, MA 02445
(617)731-8566

