



Youth Program Talent Release Form

Wilmington Community Television, 10 Waltham Street, Wilmington, MA 01887
Phone: (978) 657-4066 - Fax: (978) 658-7888 / <http://www.wctv.org>

I hereby give WCTV, Inc. permission to videotape the program/performance given by me on _____

for the WCTV Youth Program Activity held at : _____ in: _____.

I, also, give permission for this program/performance to be cablecast by Wilmington Community Television, Inc. on a non-commercial basis.

This permission allows WCTV, Inc. to use the videotape(s) in its promotional activities.

Further, permission is given for this videotape(s) to be shown on other cable television systems on a non-commercial basis without further clearance from me.

Signature of individual or authorized representative of event, group, or organization videotaped:

Signature: _____ Date: _____

Signature of Parent/Guardian: _____

Address: _____ Telephone Number: _____

Email: _____
