

Wilbraham Public Access

Talent Release

28 Springfield Street, Wilbraham, MA 01095

413-599-0940

Show/Event title: _____

Show/Event producer(s): (print) _____

Taping Date: ____/____/____

I hereby give my consent to Wilbraham Public Access that any recording; video, audio, photographic or other that have been, or are about to be made by the above producer(s) may be used for the following purposes: I hereby assign to the Wilbraham Public Access (also known as Wilbraham Public Access Television, a Department of the Town of Wilbraham) all rights to the recording or showing of my appearance by means of the video and audio recording made on this date, and I hereby further authorize the reproduction, copyright, sales, exhibition, cablecast and/or distribution via television or digital media of said recording by Wilbraham Public Access or its agent(s) or assign(s) without limitation.

Signature: _____

Print Name: _____

Parent / Guardian: _____

Minor Name: _____

Address: _____

Phone: (day) _(____) _____ (night) _(____) _____

General description of person for visual identification in video:

(example: Person wearing red shirt, blue hat, blond hair, male of female, etc...)
