

Talent Release Form

****Be sure to save this editable form to your computer before entering information****

I hereby give permission for _____
Community Producer or Organization

to record a presentation/ performance by _____
Name of Subject

on _____ at _____ in _____
Date of Recording Location City, State

I also give permission for this recording or stills from this recording to be:

- cablecast by Chicago Access Network Television (CAN TV), on cable, streaming, or online media (including, but not limited to, Twitter, Facebook, Instagram, YouTube)
- used by CAN TV and the Producer in promotional activities
- shown on other cable television systems as desired by the community producer

Signature of Subject, authorized representative, or parent if under 18

Date

Name (please print)

Title (if applicable)

Address

City, State, Zip

Phone number