



GENERAL RELEASE FORM FOR ALL MEDIA PROJECTS

PRODUCER _____

PROGRAM TITLE _____ COMPLETION DATE ___/___/___

PHONE _____ EMAIL _____

WCA MEMBERS WORKING ON THE PROGRAM _____

In return for the opportunity to appear in the above named program, I hereby grant to Weymouth Community Access Television and the above named producer permission to transmit live and/or record for later transmissions, my likeness and/or voice for any lawful purpose, at any time, and to own and register all copyrights of said program. I assign to WCA and the producer the right to re-use, publish, and otherwise reproduce, modify, and display the same, in whole or in part, and to use my name in connection with the same. I also authorize use of any excerpts of said program for the purpose of promoting and publicizing the program. I waive any right that I may have to inspect or approve the finished product or the written copy that might be used in conjunction therewith, or the use to which it may be applied. I agree to hold harmless the producer, Comcast, the Town of Weymouth, Weymouth Community Access Television, WETC, its directors and employees (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of my participation in the above named program.

I have read this agreement before signing and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name (print): _____

Signature: _____ **Date:** _____

Address: _____

Signature of Parent or Guardian (if above is under 18):
