



# General Release Form for All Media Projects

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

Name of Participant: \_\_\_\_\_

I grant to \_\_\_\_\_ (the “producer”) the absolute and irrevocable right and permission, in respect to the image I submitted to the producer, to own and register all the same copyrights in its own name. I grant all rights to use, reuse, publish and republish and otherwise reproduce, modify, and display the same, in whole or in part, individually or in conjunction with other matter and in conjunction with any other matter in any and all media developed, and to use my name in connection with this program. This use includes video, television, cablecasting, still images, World Wide Web (WWW) sites, and printed materials, and includes the image, voice, appearance, activities or participation in this project. I release and discharge the producer from any and all claims in connection with the use of the images and my name, likeness, and identity, including without limitation any and all claims for libel, privacy, or publicity.

The producer may assign, license, or otherwise transfer all rights granted. This authorization and release also inures to the benefit of the heirs, legal representatives, licensees, and assigns of the producer.

I read and fully understand and agree to the contents of this document. This release is binding for me, my heirs and legal representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the above person is a minor, a parent or legal guardian is required to be completed in the section below.

I am the parent or guardian of the above named person who is a minor and is submitting an image to the producer. I hereby consent to and agree to grant and release and provide consent on behalf of the minor listed below.

Parent/guardian’s name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Birth date of minor: \_\_\_\_\_