



Standard Release Form

I hereby release to **BLOOMFIELD COMMUNITY TELEVISION** rights to my image likeness, and the sound of my voice as recorded on videotape. I understand that this video recording, and future video recordings in this series of programs, may be edited and cablecast, and thereafter the program may be otherwise available. For my participation in the videotaping or live programming sponsored by **BLOOMFIELD COMMUNITY TELEVISION**, I give permission to reuse and cablecast all of my appearances on such videotaping or live programming. I further agree to release, discharge, and save harmless **BLOOMFIELD COMMUNITY TELEVISION**, including its representatives or designees, from any legal proceedings that may arise in relation to the conditions of the above paragraph.

PROGRAM TITLE _____

PRODUCER(S) _____

APPEARANCE BY NAME _____

Please print your name as you would like it to appear on television

YOUR TITLE (for television purposes) _____

ADDRESS _____

PHONE _____

SIGNATURE _____

DATE _____

**PLEASE NOTE: Programs can be ordered up to
18 months after original film date**