



## **"Carroll County Remembers" Talent Release Form**

**Date** \_\_\_\_\_

**Producer** \_\_\_\_\_

I hereby consent to the use of my name, likeness, picture, and/or voice by the staff and volunteers of the Community Media Center (CMC) for cablecasting, direct exhibition, and subsidiary purposes.

Such uses will not be made as direct endorsement of any product or service. I hereby indemnify you and your licensees respecting any claim arising from my actions or statements on the program.

**Talent Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Talent signature** \_\_\_\_\_