



Group Talent Release

Program Title: _____

Producer's Name: _____
(LAST) (FIRST) (M.I.)

Production Date: _____ **Production Location:** _____

The group below has participated as indicated on the above program which I understand will be produced and recorded for distribution on cable television. I expressly release the producer and MetroEast Community Media from any privacy, defamation or other claims I may have arising out of the use of this program.

I agree that insofar as I am concerned, this program may be used for the following:

1. Cablecast on MetroEast Community Media channels throughout Multnomah County.
2. Cablecast on cablesystems with whom MetroEast Community Media has a program exchange policy.
3. Editing for the purpose of program production.
4. Submission to organizations for consideration in awards of recognition.
5. Display of still images on MetroEast Community Media's web site (www.metroeast.org) and in its printed publications.

Group Name: _____

Director Name (Please print): _____
(LAST) (FIRST) (M.I.)

Director's Address: _____
(STREET) (CITY) (STATE) (ZIP)

Director's Telephone Number: (_____) _____

Director's Signature: _____ **Date:** _____