



ARLINGTON INDEPENDENT MEDIA

TALENT RELEASE FORM

I, _____, hereby irrevocably consent to the use by anyone authorized by Arlington Independent Media, of my name and/or portrait, picture, photograph, voice recording, biographical information, or any other likeness of me for any Arlington Independent Media projects in perpetuity throughout the world without further compensation to me. This consent applies to use in any medium now known or to be developed. I expressly release the producer from any privacy, defamation, or other claims I may otherwise have arising out of broadcasting exhibition, cablecast, publication, promotion, or other use of my portrait, picture, photograph, voice recording, biographical information, or any other likeness of me.

PRINT NAME

DATE

SIGNATURE

ADDRESS

CITY

STATE

ZIP

PHONE (HOME)

PHONE (CELL)

PHONE (WORKD)

If participant is a minor, the section below must also be completed.

I represent that I am a parent/guardian of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

ADDRESS

CITY

STATE

ZIP

PHONE (HOME)

PHONE (CELL)