Thurston Community Television
Channels 3, 22, 26
440 Yauger Way SW, Suite C
Olympia, WA 98502
(360) 956-3100
(360) 357-2894 fax

INDIVIDUAL RELEASE

PROGRAM: _____

PRODUCER: _____

PRODUCTION DATE: _____

PRODUCTION LOCATION: _____

I have 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 Thurston Community Television from any privacy, defamation of character, 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 Thurston Community Television.
2) Cablecast on cable systems with whom Thurston Community Television has agreed to exchange programming.
3) Edited for purposes of program promotion.
4) Submitted to organizations for consideration in awards of recognition.

_____ _____ ____/____/____
Signature Print Name Date

Address_____

_____
City State Zip

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.

_____ _____ ____/____/____
Signature Print name Date

_____
Address City State Zip

Community Access Television for Thurston County