



The Public Access Television Corporation  
1111 Marcus Ave., Suite LL27  
Lake Success, NY 11042  
Tel: 516-629-3710 Fax: 516-629-3704  
www.patv.org

# Authorization and Release Form

Program Series: \_\_\_\_\_

Program Title/Topic: \_\_\_\_\_

Date of Guest Appearance: \_\_\_\_\_

In return for the opportunity to participate in the above named program, I hereby grant to:

\_\_\_\_\_  
**(Producer's Signature)**

Public Access Television Corporation and producer, permission to transmit live and/or to record for later transmission my likeness and/or voice as a part of the above named cable television access program for any lawful purpose, any time.

I also authorize the use of my name and excerpts from said program for the purpose of promoting and publicizing that program or the Public Access Television Corporation.

I waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith, or the use to which it may be applied.

I agree to hold the program producer, the Public Access Television Corporation and any cable television company that transmits the program harmless for any liability to others arising from anything I may say or do during the program.

I have read this agreement before signing and fully understand its contents.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of parent or guardian if above named person is not of legal age:  
\_\_\_\_\_

\*\* All releases must be received by PATV prior to cablecast of the program.\*\*  
\*\* All releases must be received by PATV prior to Live cablecast.\*\*