



**MATERIALS RELEASE FORM**

Video Program Release for  
Individual Name & Materials

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Event:

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Program Name:

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Date:

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Location:

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**I have participated in the above Program as indicated above. In consideration of my materials on the program, and without any further consideration from you, I hereby grant permission to you to utilize my materials for cablecast on BNN-TV and use in any and all media throughout the world in perpetuity.**

**I understand that the Program may be edited at your sole discretion. I consent to the use of my likeness, voice and biographical material in connection with Program publicity and promotion.**

**I expressly release you, your agents, employees, licenses and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the Program.**

**Signed:**

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**Address:**

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**Date:**

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**Signature of Parent or Guardian if individual is under 18 years of age:**

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