



## Individual Release Form

Video Program Release for  
Individual Name:

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Event:

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Program Name:

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Producer:

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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 appearance on the Program, and without any further consideration from you, I hereby grant permission to you to utilize my appearance 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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