



Location Release Form

Video Program Release for
Individual Name:

Event:

Program Name:

Field Producer:

Date:

Location:

I have participated in the above Program as indicated above. I hereby grant permission to you to utilize my location 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:

Address:

Date:

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