THE COMMUNITY VOICE CHANNEL

Cablecast Clearance Form Studio & Field

I authorize_____ a producer at The Community Voice Channel, to Videotape:

_____ On _____
(Title of Program) (Date)

I authorize the producer to record, on tape or otherwise, my name, voice and performance for use in the program. The producer may edit such recording as desired and may use and authorize others to use the program or portions thereof or except there from. The producer shall own all right, title and interest at any time existing in and to the program without limitation to be used and disposed of, as The Community Voice Channel shall in its sole discretions determine.

I understand that I am to receive no compensation for this appearance. The videotaped program will be cable cast through the non-commercial channels of The Community Voice Channel.

I give the producer the right to use my name, likeness and biographical material to publicize the program, derivative works thereof and the service of the producer.

I expressly release the Community Voice Channel, its licensees and assignees, from all claims arising out of the breach of any covenant or warranty I have made herein.

Date: _____ Print Name:_____ Signature:_____ Title:_____

Date: _____ Print Name:_____ Signature:_____ Title:_____

Date: _____ Print Name:_____ Signature:_____ Title:_____

Date: _____ Print Name:_____ Signature:_____ Title:_____

Date: _____ Print Name:_____ Signature:_____ Title:_____

Date: _____ Print Name:_____ Signature:_____ Title:_____