

Hartford Area Cable Television Advisory Council

HACTAC

RELEASE FORM 2016

This form must be completed by each person (including all teachers, family, friends and students) appearing in the video and credits.

(Please Print Clearly)

Student Name: _____

Address: _____ Email: _____ Phone _____

Teacher: _____

School: _____

Title of PSA: _____

Role of person in production (e.g., actor, camera person, scriptwriter, etc.)

I assign all rights to the still images, videotape and sound recording made of me during the production of this student produced video. The video will be submitted to HACTAC as part of the HACTAC PSA Contest with authorization to reproduce copies of the video and to showcase it on the HACTAC website (www.hactac.org) without limitation for educational programming and promotional use.

I understand that there will be no financial or other remuneration for use of my work and/or recordings, either for the initial or subsequent transmission or playback, and I hereby release HACTAC PSA Contest project coordinators from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media.

Signature: _____ Date: _____

Parent/Guardian Signature: _____

(If under 18, a parent's signature is needed)

Phone: _____ Email: _____

If you have any questions regarding the HACTAC PSA Contest or Release Form, please contact your local Community Cable Access Television Station or on www.hactac.org web site.