



Newington Community Television
131 Cedar Street
Newington, CT 06111
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Talent Release Form

I, the undersigned, do hereby give permission to _____ (Name of Producer) for the use of my photograph, voice image, and/or performance in his/her, its production of _____ (Title of Production). I understand that this use may include television channels provided by Cox Communications or on such other television channels, as NCTV may select, or displaying such programming or on such other media outlets, as NCTV may in its sole discretion choose.

Please Print:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Signature: _____ Date: _____

If Talent is under the age of 18, a parent or guardian must acknowledge below;

Parent Name (print): _____

Parent Signature (if under 18): _____

Instructions:

Producer - Obtain the signatures for all Talent / Guests in your production. Send copy(s) of all Talent / Guest Release to NCTV along with your program.