

CERTIFICATION #



Premises Release

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I, _____, PRINT NAME
hereby authorize rights to _____, PRODUCER
recordings requested _____, DATE OF TAPING
at the location of _____

LOCATION
for _____, PROGRAM TITLE and I hereby authorize the reproduction, copyright,
exhibition, broadcast, cablecast and/or distribution of said media without limitation for the purposes of
Public Access programming.

I hereby release, discharge and agree to save harmless the videographer, his/her representatives,
assigns, employees or any person or persons, corporation or corporations, acting under his/her
permission or authority, or any person, persons, corporation, corporations, for whom he/she might
be acting, including any firm publishing and/or distributing the finished product, in whole or in part,
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use in composite form, either intentionally or otherwise, that may occur or be produced in the taking,
processing or reproduction of the finished product, its publication, distribution, or cablecast of the same.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name
in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before signing below, and
warrant that I fully understand the contents thereof.

NAME/TITLE/ORGANIZATION

ADDRESS

PHONE NUMBER EMAIL

SIGNATURE DATE