SBU-TV Talent Authorization and Release Form

I, ________________________________, hereby grant to SBU-TV, and others acting in its behalf, the right to record my person and voice using audio, photographic, and video techniques and to use these recordings for future broadcast on SBU-TV. I hereby waive all rights of any nature in such recording(s) and the exhibition thereof.

It is understood that this grant includes the right to use, reproduce, distribute and exhibit such photographic, video, or audio productions in any and all media throughout the world without limitation, and to authorize others to do so.

It is further understood that this grant is provided at no cost to SBU-TV, and that no compensation of any kind shall be due or expected.

Name of Program: ________________________________
Signed: _________________________________________
Printed Name: ____________________________________
If a minor, signature of parent or guardian:
________________________________________________
Date: ___________________________________________

Witness: ______________________________

Talent_Release_Form.doc