



# NORTH SHORE TV

Your Community. Your Voice.

1111 Marcus Ave., Suite LL27  
Lake Success, NY 11042  
Tel: 516-629-3710 Fax: 516-629-3704  
www.nstv.org

## Authorization and Release Form

Program Title/Topic: \_\_\_\_\_

Date of Guest Appearance: \_\_\_\_\_

In return for the opportunity to participate in the above named program, I hereby grant to:

\_\_\_\_\_  
(Producer's Signature)

North Shore TV and producer, permission to transmit live and/or to record for later transmission my likeness and/or voice as a part of the above named cable television access program for any lawful purpose, any time.

I also authorize the use of my name, photo and excerpts from said program for the purpose of promoting and publicizing that program or the North Shore TV on TV, print and in social media.

I waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith, or the use to which it may be applied.

I agree to hold the program producer, North Shore TV and any cable television company that transmits the program harmless for any liability to others arising from anything I may say or do during the program.

I have read this agreement before signing and fully understand its contents.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature of parent or guardian if above named person is not of legal age:

\_\_\_\_\_

\*\* All releases must be received by NSTV prior to cablecast of the program.\*\*

\*\* All releases must be received by NSTV prior to Live cablecast.\*\*

(10/2019)