



VILLAGE OF RIVERSIDE CABLE COMMISSION

## Authorization & Release Form

For Riverside TV Original Program

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

Program Taping Date: \_\_\_\_\_

I, the undersigned, am 18 years of age or older and agree to appear without payment as a guest on the above-named Village of Riverside Cable Television Program (the "Program"). The Village of Riverside and its Cable Commission representatives may use and reuse forever, and license others to use, my name, voice, pictures, likeness or other personally identifiable information, images of works, and/or statements made by me on the Program for any use and in all formats, media and manner, including composite or altered representations, and including promotional use for the Program, advertising or for any other lawful purposes. Said Village and its Cable Commission representatives may edit my appearance as they see fit. I agree that I shall not be entitled to any compensation for my appearance on the Program or other use of my name and likeness. I waive any right to inspect or approve the finished version(s) of the Program or my appearance, including written copy that may be created in connection with the production, editing and promotion therewith. I understand that there is no obligation to use my appearance. The authority given herein is based upon the Village's agreement not to use my name or picture so as to amount to a direct endorsement by me of any product or service.

I agree to protect, indemnify, save and hold forever harmless the Village of Riverside and its officers, appointed and elected officials, President and Board of Trustees, Cable Commissioners, employees, volunteers, attorneys, engineers and agents (the "Village Affiliates"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses brought by any person, arising out of or relating in any way to my appearance on and participation in the Program, acts or statements made by me on the Program, the Village's use of my appearance, or any matters arising out of or relating to other matters covered under this Authorization and Release.

I waive and relinquish, and fully release and discharge the Village of Riverside and Village Affiliates from any and all claims or causes of action of any kind, including but not limited to illness, injury, death, damages or losses, and rights to privacy or compensation, which I may have or which arise out of or relate to my appearance on or participation in the Program, the Village's use of the Program and/or my appearance, or any matters arising out of or relating to matters covered under this Authorization and Release.

I have carefully read the foregoing and have indicated my understanding and agreement by signing below. (In the case of persons under 18 years of age, a parent or guardian must sign this form.)

DATED: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Signature: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Witness or Representative of Village – Name, Title

\_\_\_\_\_  
Signature