

# VILLEtv22

## Student Release Form

I hereby give consent for:

Print student's name \_\_\_\_\_

To participant in the activities of the Ville-TV Production Team whether in the capacity of on screen talent and /or technical capacity.

I authorize Ville-TV and those acting under its permission and its authority, to photograph, film, video tape and record the voice and/or picture and use his/her picture, photograph, silhouette, and any other reproduction of his/her physical likeness and /or sound (as the same may appear in any still camera photograph and/or motion picture film and/or video tape) in and in connection with the exhibition theatrically, on radio, and on television or otherwise, of any motion picture, video tape, or motion pictures in which the same may be used or incorporated, and also in the promotion, exploitation, and/or publicizing of any such motion picture or Video tape, but not limited to radio, television, or theatrical motion picture or video tape.

I acknowledge that any tape (audio and/or video) created by a member of the Production Team while on an assignment scheduled by the Borough of Somerville and/or its designated representative will be the property of the Borough of Somerville and that the person responsible for the creation of the product will be acting in a "WORK FOR HIRE" capacity. This shall apply to any work done in the creation of a tape, regardless of the equipment used, to include all pictures, sound and related documentation used in the creation of a program. This will also apply to any pre- or post-production work done.

I hereby indemnify and save harmless Ville-TV, The Borough of Somerville, its officers, directors, employees, agents, and all persons acting under its permission and/or authority from and against all losses and claims, demands, suits, payments and judgments arising from the use or publication of my picture, photograph, silhouette, likeness, and sound, including any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of a photo, a film, a video tape or in any processing leading towards the completion of the finished product.

I hereby warrant that I the undersigned is the parent or legal guardian and have every right to give consent in the name of the above named person and further that I have read and understand the above authorization and due hereby release, prior to its execution, and that I am fully familiar with the contents thereof.

Authorizing Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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