

AUTHORIZATION TO PRODUCE PHYSICAL LIKENESS

Burnsville Community Television, 100 Civic Center Parkway, Burnsville, MN 55337
952-895-4402

In consideration of the videotape made of me on _____ (date) for possible presentation, I hereby assign and release all rights to said videotape recording and authorize the reproduction, exhibition, cablecast, broadcast, and/or distribution of said videotape by _____ (producer).

PROGRAM TITLE: B.A.C Girls Traveling Slow Pitch Softball

Talent Signature DATE

Talent Signature DATE

Talent Signature DATE

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Talent Signature DATE

Talent Signature DATE

I represent that I am a parent or legal guardian of the minor(s) that have signed the above release, and I hereby agree that we shall both be bound thereby.

Minor's Name (please print) Parent/Legal Guardian's Signature Date

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