

I, _____ hereby consent, and by this release agree, request and grant my
[PRINT NAME OF PERSON APPEARING IN VIDEO]
permission for NewTV and _____ to record and/or tape my image and voice by
[PRINT NAME OF NewTV PRODUCER]
means of the videotape and audio recording made of me on _____
[PRINT NAME OF PROGRAM]
on _____ at _____
[PRINT DATE OF AUDIO/ VIDEO RECORDING] *[PRINT LOCATION OF AUDIO/ VIDEO RECORDING]*

I understand that the NewTV Producer named above may use said recording for non-commercial exhibition on NewTV cable television channel(s) or for similar exhibition on any non-commercial PEG, Public-Educational-Governmental, Access TV Station. The video may also be shown on NewTV's website and the producer's website after it has cablecast on NewTV's cable channel(s). The video may also be distributed to commercial news outlets which may broadcast edited or unedited portions for their news programs. By my signature below, or if I am a minor, by the signature of my parent or guardian, I relinquish all rights (if any) to any remuneration for this or subsequent uses of the above recordings. It is understood that these recordings may be edited by the Producer named above, or his or her agents, for the purpose of such non-commercial replays described above, at the sole discretion of the Producer. I further agree to release, indemnify and hold harmless the Producer, NewTV, Comcast, RCN, Verizon, the City of Newton, their employees and officers or designees from any and all claims or liabilities, as well as fees, costs and expenses incurred in responding thereto, relating to my appearance on this recording and any non-commercial exhibition thereof. I understand that by this Release, the copyright for these recordings belongs to NewTV, and/or its Member/Producer, and to no one else.

I understand that I am receiving the benefit of the NewTV Producer's time, efforts and talents, as well as the resources and equipment of NewTV, and that the promises made herein are in consideration of these benefits.

***** THIS IS A LEGAL DOCUMENT *****

***** CONSULT YOUR PRIVATE ATTORNEY IF YOU HAVE ANY QUESTIONS *****

DATE

Signature of PERSON GRANTED RELEASE

NAME

ADDRESS

PHONE

CELL

Signature of PARENT/ GUARDIAN