

# ideastream<sup>®</sup>

## Participant Release

Participant Name \_\_\_\_\_

Program/Project Title NewsDepth

Activity Date(s) \_\_\_\_\_

I hereby authorize WCPN and/or WVIZ/PBS to record the appearance and/or performance of \_\_\_\_\_ (name of participant) and to edit these recordings at its discretion, to incorporate these recordings into a television broadcast, radio broadcast or website and to use and license other public broadcast entities to use such recordings in any appropriate manner, including unrestricted use for purposes of publicity. I further acknowledge that WCPN and/or WVIZ/PBS owns all rights to the aforementioned recordings.

I hereby agree to indemnify WCPN and/or WVIZ/PBS for all loss, damage and liability whatsoever arising out of my appearance.

\_\_\_\_\_  
(Print or Type Name of participant)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone)

I am the parent and/or guardian of the above-named minor and I endorse the above statement in his/her behalf.

\_\_\_\_\_  
(Name of parent)

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone)