

NOTE TO TEACHER: This form must be returned to WVIZ/PBS ideastream by December 15, 2007.

Please use the postage paid envelope provided or mail to:

Betsy Russ, Educational Services
WVIZ/PBS ideastream
1375 Euclid Avenue
Cleveland, OH 44115

What's Your **MATH** Problem?



ideastreamsm

Participant Release

Participant/Organization Name _____

Program/Project Title _____

Production Date(s) _____

I hereby authorize WCPN and/or WVIZ/PBS to record the appearance and/or performance of _____ (name of individual or group) 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)

(Date)

(Signature)

(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)

(Date)

(Signature)

(Street Address)

(City, State, Zip Code)

(Phone)