

Revised: 10-2000

VIDEO PERMISSION FORM

Name: _____

Address: _____

Description of Program:

I understand that the video in which the above named person is appearing will be shown on the Willmar Regional Access Facility education channel and give my permission to use the above named image, likeness or performance for such purpose.

I release Willmar Public Schools, its personnel, Willmar Regional Access Facility, its personnel, the Cable Advisory Committee, the City of Willmar and the current cable provider(s) from any responsibility now or in the future for showing the program in which the above named image, likeness or performance appears.

Participant Signature: _____

- Or -

Parent/Guardian Signature: _____

Date: _____