



Recording Release

Capital
Community
Television

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I,

PLEASE PRINT

authorize the recording of my/my group's name, likeness, and performance on visual and/or auditory media and authorize CCTV to use such recordings for non-commercial, community television on cable and the internet, and for low-cost sales of copies to participants and supporters; and to allow other non-profit community television organizations use for non-commercial television on cable. This may include audio-visual display for general education, entertainment, contest entry, broadcast clips, internet streaming, duplication, and promotional purposes, that are consistent with Capital Community Television's current Rules and Procedures. I understand there will be no remuneration for any appearance or showing of this material.

SIGNATURE: _____

AUTHORIZED SIGNATURE/TITLE

(PARENT OR LEGAL GUARDIAN IF PERSON IS UNDER 18 YEARS)

DATE: _____

NAME OF MINOR, IF APPLICABLE