WilliNet 34 Spring Street, Williamstown, MA 01267 413.884.3309 willinettv@gmail.com (rev 01/30/18)

Videography Release / Permission Form (Keep this form for your production records.)

Producer(s):	Date:	
Show Title:		
	ioned producer(s) to use my likeness (video/audio) and/or pher as they elect with any and all media known or hereafter devintioned video production.	
I am aware that the above men other public access stations the to do so.	ationed producer(s) intend to show this video production on Vey choose or video streaming via internet and give my permission	VilliNet and ion for them
content of this program and do	f this video are acting on their own behalf and solely responsible not represent WilliNet or other public access stations. Further public access station(s) are third parties the above mention shown on.	ermore, I
of Directors from all claims, lia	nless the above mentioned producer(s), WilliNet, its employee abilities or actions including but not limited to libel, slander, in the ame and likeness based on any use that is made of my name, verideo production(s).	vasion of
If over 18, this form must be si parent/guardian of the child.	igned by person videotaped. If under 18, this form must be sig	gned by
Signature:	Date:	
Printed Name:		
Address:		
Phone:	Email:	
Child's Name (if applicable):		