

HAWTHORNE COMMUNITY TELEVISION
VIDEO/PHOTO WAIVER AND RELEASE FORM

I HEARBY RELEASE TO HAWTHORNE COMMUNITY TELEVISION THE RIGHT TO USE MY LIKENESS AND/OR THAT OF MY CHILD/CHILDREN AS IT APPEARS IN A PHOTO/VIDEO FOR THE PURPOSE OF PUBLICATION IN A NEWSPAPER, PERIODICAL, MAGAZINE, BROCHURE, WEB, PAMPHLET OR VIDEO PRODUCTION.

I UNDERSTAND THAT USE OF THE PHOTO/VIDEO IS FOR THE PURPOSE OF PROMOTING THE PROGRAMS OF HAWTHORNE COMMUNITY TELEVISION AND MAY BE BROADCAST.

I HEREBY RELEASE ANY AND ALL CLAIMS AGAINST THE HAWTHORNE COMMUNITY TELEVISION, THE CITY OF HAWTHORNE AND ITS EMPLOYEES ARISING IN CONNECTION WITH THE USAGE OF MY CHILD/CHILDREN.

I ACKNOWLEDGE THAT THIS RELEASE IS FIRM AND FINAL AND UNDERSTAND THAT HAWTHORNE COMMUNITY TELEVISION MAY PROCEED TO RELEASE PHOTO/VIDEO PUBLICATIONS.

THE UNDERSIGNED IN THIS RELEASE DESIRES TO ASSIST IN THE WORK OF THE HAWTHORNE COMMUNITY TELEVISION BY AUTHORIZING USE OF PHOTO/VIDEO IN WHICH THE UNDERSIGNED (OR CHILD/CHILDREN) ARE DEPICTED WHILE BEING INVOLVED IN AN ACTIVITY CONDUCTED BY HAWTHORNE COMMUNITY TELEVISION.

X _____
SIGNATURE OF PARTICIPANT DATE
(SIGNATURE OF PARENT OR GUARDIAN IF
PARTICIPANT IS UNDER 18 YEARS OF AGE)

X _____
SIGNATURE – STAFF EMPLOYEE - DATE
HAWTHORNE COMMUNITY TELEVISION