



Guest Authorization & Release Form

PCTV (Pleasantville Community Television)

I hereby authorize a representative of PCTV (Pleasantville Community Television) to record my (visual/audio) likeness or that of a minor for whom I take responsibility.

In addition, I authorize PCTV (Pleasantville Community Television) to broadcast and/or rebroadcast at a later date my (visual/audio) likeness, or that of a minor for whom I take responsibility for public viewing on Community Television.

In addition, I understand, that by granting this permission I release and clear PCTV from any and all damages that may result from the recording, broadcast or rebroadcast of this program.

NAME (print):

SIGNATURE:

DATE:

NAME OF MINOR (if applicable)