



Morton Community Cable  
**Personal Release Form**

**Borough of Morton**  
Morton Community Communications Commission  
500 Highland Avenue Morton, PA 19070  
ph. 610-543-4565 fax: 610-543-8392  
email: web@mortonpa.org

Is this form connected to a Video or Photos?

Video      Photo      No

Title \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**How to Use this Form:**

- This is a fillable form
1. Fill it out
  2. Print it Sign it
  3. Mail or Fax it to the address above.  
- Put the word "Release" on the envelope

I hereby grant to Morton Community Access Television (hereinafter "MoTV") and the producer permission to transmit live and/or to record for later transmission, universally via any media, my likeness and/or voice as part of the above named program, at any time. I also authorize the use of my name and excerpts from said program for the purpose of promoting and publicizing that program. I waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith. I grant permission to MoTV to use any photographs, motion pictures, recordings or any other record of the event for any legitimate purpose on MoTV, mortonpa.org, or any other media and/or documents.

I hereby release and agree to hold harmless the the Borough of Morton, Morton Cable & Communications Committee, and the cable systems by which the signals are transmitted, and to each of their directors, agents, servant and employees, from all claims for damages for libel, slander, invasion of privacy, misappropriation based on any use that is made of my name, voice, likeness and any materials furnished by me in connection with the video production(s), or any other claim based on the use of said material or arising from my participation in the production.

If over 18 years of age, this form must be signed by the person recorded. If the subject is under 18, parental consent is required (see below).

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am over 18      I am under18 (see below)

**Parental / Guradian Consent**

I. \_\_\_\_\_ herby state that I have read this agreement and fully understand its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent      Legal Guardian

Relationship \_\_\_\_\_