



Guest Release Form

Today's Date: ____ / ____ / ____

PROGRAM TITLE: _____

sub title: _____ Taping Date: ____ / ____ / ____

I/We hereby assign all rights to the videotape and sound recording made of me on this date above to _____ (Producer) and to SCTV Inc. I/We further authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of said videotape without limitation.

*Print Guest Name: _____

Signature: _____

Address: _____

*Print Guest Name: _____

Signature: _____

Address: _____

*Print Guest Name: _____

Signature: _____

Address: _____

*Print Guest Name: _____

Signature: _____

Address: _____

* If guest is a minor, name of minor and signature of parent/guardian