

Talent / Labor / Location Release

(P	Please type or print	clearly)	
I,	(Your Name)		
hereby authorize KSAR15 to use my name or otherwise for the purpose of producing t payment or compensation for appearance in of my image and/or voice in whatever prod KSAR15 harmless from any liability arising	television programs. n the videotape or fi duction they desire f	I hereby waive the ilm and grant the rifor non-commercial	right to any and all ght to make unlimited use
It is also agreed, where applicable, that as appearance of said location as program material.			
I certify that I am over eighteen years of a	age.		
SIGNED		DATE	
ADDRESS			
CITY	STATE	ZIP	
LOCATION			-

PARENT OR GUARDIAN (IF UNDER AGE 18)_____