

CERTIFICATION #



Premises Release

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I, _____, PRINT NAME
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recordings requested _____, DATE OF TAPING at the location of

LOCATION
for _____, PROGRAM TITLE and I hereby authorize the reproduction, copyright,
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I hereby release, discharge and agree to save harmless the videographer, his/her representatives,
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permission or authority, or any person, persons, corporation, corporations, for whom he/she might
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processing or reproduction of the finished product, its publication, distribution, or cablecast of the same.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name
in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before signing below, and
warrant that I fully understand the contents thereof.

NAME/TITLE/ORGANIZATION

ADDRESS

PHONE NUMBER EMAIL

SIGNATURE DATE