



# BURNSVILLE COMMUNITY TELEVISION TALENT CONSENT

I certify that I am of legal age or that I am the legal guardian of the minor listed on this form, and I hereby assign and release all rights to said recording for reproduction, editing, exhibition, and cablecast by Burnsville Community Television. I understand that in part or in whole, the completed product may be shared with other access stations in the area, may be used in BCTV/City of Burnsville promotions and may be posted on BCTV social networking sites. All recordings made during the time of consent can be used at any time without limitation for as long as BCTV finds the recordings useful.

- I am 18 years or older
- I am under 18 years old (Please fill out the back side of the form)

By signing this I warrant that I have the legal right and power to grant Burnsville Community Television the rights granted herein.

- I give consent for all recordings made by BCTV
- I give consent for this recording only

Name of production: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE OF BCTV REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_





# BURNSVILLE COMMUNITY TELEVISION TALENT CONSENT

By signing this I warrant that I have the legal right and power to grant Burnsville Community Television the rights granted herein.

I give consent for all recordings of the minor listed below made by BCTV

I give consent for **this** recording of the minor listed below only

Name of production: \_\_\_\_\_

PRINTED NAME OF MINOR \_\_\_\_\_

PRINTED NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/LEGAL GUARDIAN

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRINTED NAME OF MINOR \_\_\_\_\_

PRINTED NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/LEGAL GUARDIAN

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRINTED NAME OF MINOR \_\_\_\_\_

PRINTED NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

SIGNATURE OF \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/LEGAL GUARDIAN

EMAIL ADDRESS \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE OF BCTV REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

