



Everett Community Access TV

Video Release Statement



Program Name: _____

I, _____, agree to have my program recorded for later telecast on the access facility of Everett Community Television (ECTV). I, hereby, agree as follows:

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____, being of full age agree to release, acquit, and discharge the said Everett Community Television (ECTV), CITY OF EVERETT, its successors, assigns, employees, agents and servants, from all claims and demands, actions and causes of action, damages, costs, loss of services, liens, expenses, and compensation on account of, or in any way growing out of the production, presentation and future telecast of this program.

I do hereby for myself, my heirs, executors and administrators, successors and assigns, covenant with said CITY OF EVERETT to indemnify and hold harmless the said Everett Community Television (ECTV), CITY OF EVERETT, its successors, assigns, employees, agents and servants, from any and all claims of whatsoever nature, and demands for damages, from any and all liabilities (including reasonable attorney fees), loss or damage resulting from but not limited to claims of copyright violation, invasion of privacy, libel or slander or any action arising from my use of the access facilities and their staff.

Access User Signature _____ - Date: _____

Address: _____
Street City Zip Code

Contact #: _____
Day Evening

Access Users under 18 yrs old must have written authorization from parent/guardian

Parent/Guardian: _____ Date: _____

Address: _____
Street City Zip Code

Contact #: _____
Day Evening