

EXTV-P PERFORMER RELEASE FORM

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

DATE: \_\_\_\_\_

By signing this form, I hereby waive any right to compensation from EXTV-P for the broadcast of all or any portion of the performance, pursuant to Section 6.4 of the public access policies and procedures.

Name of Producer: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_

If Producer and Performer are different:

Name of Performer: \_\_\_\_\_

Signature of Performer: \_\_\_\_\_

Name of Performer: \_\_\_\_\_

Signature of Performer: \_\_\_\_\_

Name of Performer: \_\_\_\_\_

Signature of Performer: \_\_\_\_\_

Name of Performer: \_\_\_\_\_

Signature of Performer: \_\_\_\_\_

Name of Performer: \_\_\_\_\_

Signature of Performer: \_\_\_\_\_

