

**Standard Participant Release & Minor Release**



PARTICIPANT'S NAME: \_\_\_\_\_

PROGRAM TITLE: HOMEWORK HOTLINE BOOK REVIEWS

PRODUCTION DATE(S): \_\_\_\_\_

PRODUCTION LOCATION: \_\_\_\_\_

**Public**  
280 State Street  
**Broadcasting**  
P.O. Box 30021  
**Council**  
Rochester, NY

In consideration for the opportunity to participate in the above-identified program produced by WXXI Public Broadcasting Council (WXXI), I agree that the program may be distributed without limitation through any means and that no compensation shall be provided for participation.

14603-3021  
716 325 7500  
wxxi.org

I understand that WXXI has no obligation to air the program. I understand that there is no monetary compensation for the rights granted herein. I understand that the minors appearance on the program confers no ownership rights on me. I understand that WXXI can distribute and sell the program at any future time.

If by reason of the minors statements and actions on the program or materials furnished by me for the program, there is any claim or litigation involving any charge by third parties of violation or infringement of their rights, I agree to indemnify and hold harmless WXXI and its licensees and assigns from any liability, loss or expenses arising from such claim or litigation.

Parent or guardian hereby authorizes WXXI to use, in whole or in part, participant's name, biography, likeness, voice and performance in the production of the program in all manner and media, as WXXI shall determine at its sole discretion. I further authorize you to edit the program, to make recordings of the program and to use and re-use the program and recordings of it, in whole or in part, for radio and television broadcasting, cable-casting, audiovisual and closed circuit exhibition, the Internet and other electronic and mechanical distribution of whatever kind throughout the world in perpetuity without limitation as WXXI shall determine in its sole discretion.

I represent that I am the parent and/or guardian of the above-named minor and I endorse the above statement in his/her behalf.

Parent or Guardian's or Over 18 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Participant Release**