



**Weston Media
Center, Inc.**

356 Boston Post Road
Weston, MA 02493
781-786-5191
info@westonmedia.org
Comcast Channels 8 & 9
Verizon Channels 41 & 45

www.westonmedia.org

STANDARD ADULT / MINOR RELEASE

PARTICIPANT'S NAME: _____

Parent or Guardian Name if participant is under 18: _____

Address: _____ **Event Name and Date:** _____

I agree that The Weston Media Center Inc. may use my image or the image of my child or ward in the above-named program and that the images and/or program(s) may be broadcast, published and/or electronically distributed without limitation including rebroadcast to all public access centers, social media platforms and websites through any means available and I shall not receive any compensation for my or my child's or ward's participation.

I also agree to the use of my name, likeness, portrait or pictures, voice and biographical material about me or my child/ward without limitation for program or series publicity and for organizational and/or promotional purposes. I further agree that my or my child's or children's or ward's participation in the program confers upon me no rights to use and no ownership or copyright. I release the Weston Media Center, Inc. and its agents, employees and assigns forever from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s). It is understood that Weston Media Center, Inc. is under no obligation to broadcast or publish in any format the above-identified program(s) or series.

Date: _____ **Signature:** _____