



## Actor Release Form

*Lead Producer: This form must be completed by each identifiable\* person appearing in your CTAC Video Contest Entry, and a PDF or JPG copy of this document attached to the submission in email in order for the video entry to be valid.*

Title of Video Entry

Lead Producer's Name

Actor's Name

Actor's Date of Birth

I understand that an original video has been created and submitted to the Cable Television Advisory Council that includes images of me or my child. I understand that this video has been submitted as part of the Cable Television Advisory Council Video contest. I grant full permission and authority to Cable Television Advisory Council and anyone authorized by the organization, to use, publish, and display my or my child's image and/or voice contained in the video.

I recognize that there is no form of compensation.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

\*If you have questions regarding which actor's are "identifiable," please contact us.

Actor's Signature

Date

Actor's Parent/Guardian Signature (if under 18)

Date