

JOURNALISM & MEDIA ACADEMY
MAGNET SCHOOL
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HARTFORD, CT 06120

VIDEO RELEASE FORM

I hereby consent for value received and without further consideration or compensation to the use of all videotapes and/or voice recordings (full or in part) taken of:

Name of Student

I authorize the Journalism & Media Academy Magnet School (JMA) to make use of my appearance to be distributed by JMA to any and all applicable broadcast, cable, and videotape duplication services.

I understand that I am to receive no compensation for my appearance in this program. I give JMA or its designees the right to use my name, likeness and biographical material to publicize the program and the services of the School.

I further understand that there will be no restrictions on the number of times that the program may be telecast.

Student Signature (or parent if student is under age 18)

Date

Address _____

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State _____ Zip _____ Phone: _____

By:

Steve Hodges, Television Instructor
Journalism & Media
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