



Orange Television Network Talent Release Form

I hereby give Syracuse University and the Orange Television Network permission to record my image and/or voice and grant Syracuse University all rights to use these sound, still or moving images in any medium for educational, promotional or other purposes that support the mission of the university.

I agree that all rights to the sound, still or moving images belong to Syracuse University.

Talent Name: _____
please print

Talent's Signature: _____

Address _____

City _____ State _____ Zip _____

Date: ____/____/____

Guardian's signature is required when talent is a minor:

Legal Guardian _____
(Signature)

Guardian _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Date: ____/____/____

DEPARTMENT USE ONLY

PROJECT _____

PRODUCER _____