



## “The St. Lucie County Education Channel”

# WLX-TV TALENT RELEASE

I hereby agree to the videotape recording of my participation in the program(s) entitled:

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For broadcast, cablecast, webcast, non-profit distribution, and other related educational purposes by the School District of St. Lucie County Only. **No other use is permitted without prior approval of the Media Services Department.** I acknowledge WLX-TV's ownership of the program and agree that they may use my name, likeness, and biography for the purpose of promoting the program(s). I warrant and represent that all material furnished by me is my own for which I have full authority for such purposes.

Print  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

### **Character Generation Request**

(How you would like your name to appear on the TV screen) Print clearly!

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Web Site: \_\_\_\_\_

Email: \_\_\_\_\_

Updated 3/16/10