

Medfield Community Cable Access Corporation

Youth Media Program

Participant Waiver and Media Release

Program Name: _____

Program Dates: _____

Name of Youth Participant: _____

Name of Parent/Guardian: _____

Waiver

In consideration of my child's acceptance and participation in the MCCAC youth program, I, to the full extent permitted by law, hereby release, defend, hold harmless, and indemnify MCCAC and its members, officers, directors, committee members, agents, instructors, and employees from any or all liability for any claim, loss, damages, liabilities, expenses, bodily injury, or death, including any such liability that may arise out of the negligence of any of the Indemnitees or may be suffered or claimed by me as a result of an investigation of, action concerning, or communication of my background in connection with this document.

I further confirm I have read, understand, and agree to conform to the rules, regulations, and policies of MCCAC, the MCCAC Youth Media Program (ie: *MCCAC Youth Protection Policy*), and its affiliates.

If any provision of this agreement is determined to be illegal or unenforceable, the remaining provisions shall remain in full force and effect. By signing this document, I acknowledge that I have read this document, agree to it, and fully understand its contents.

Signature: _____

Today's Date: _____

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Media Release

I hereby consent to permit MCCAC and any organization(s) supporting a MCCAC Youth Media Program class / workshop / seminar financially or as an instructor to transmit or record on film, tape or otherwise, my child’s voice and / or picture, name, likeness, or performance / visual art / musical composition in its entirety or parts of, for unlimited playback on television and over the internet for this program and others going forward. I also permit MCCAC to supply recordings thereof to other broadcasting / cable casting organizations and also extend to the use of my child’s name and likeness, any portion of my child’s performance / visual art / musical composition, and biographical information about my child for any educational or promotional purpose. The absence of my signature below represents my choice to opt out of this Media Release.

Signature: _____

Today’s Date: _____

-----*This Section for Compliance Officer Only*-----

Signed Waiver? Yes / No

Signed Media Release? Yes / No

Approved for participation in Youth Media Program? Yes / No

Signature: _____

Printed Name: _____

Today’s Date: _____