



Performance Release Form

Program

Title: _____

Producer's

Name: _____

Producer's Phone

#: _____

Performer's Name

Performer's Title

Signature _____

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I/We give permission for live and/or videotaped presentation of my/our performance(s),
ON THIS DATE: _____

This performance, all or part, will be shown on DATV, Time Warner Cable Channel 5 or Dayton Spiritual Television, Time Warner Cable Channel 992. DATV is a nonprofit public access channel.

I understand I will not receive any compensation for participating in this taping or cablecast.

I further understand the master tape remains the property of DATV. And as per DATV's rules and regulations, it may be distributed to other public access channels.

- Additional Performers -

Performer's Name

Signature
