



HOPE CHANNEL KENYA
TALENT RELEASE FORM

I authorise the undersigned Television Station to make use of my appearance and statements on:

STATIONS NAME: HOPE CHANNEL KENYA

PROGRAM TITLE:

PRODUCERS NAME:

STATIONS PHONE NUMBER: +254 7155 171 001

DATE OF RECORDING:

I understand that I am to receive no compensation for this appearance and that Hope Channel Kenya (HCK) shall have complete ownership of the program. I give HCK the right to use my name, likeness and biographical material to publicize the program and the services of the Talent.

HCK may:

1. Photograph me and record my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, audio, digitally or otherwise.
2. Make copies of the photographs and recordings so made.
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the master tape remains the property of HCK and that there will be no restrictions on the number of times that my name, likeness and statement(s) may be used.

I also assure HCK that all the statements I have made are true to the best of my knowledge and that I am liable and bound by Law for everything I say or do on tape.

Name (please print): _____ Date _____

Address/City: _____

Phone Number: _____ Talent Signature _____