

## Phone: 978-687-6570 430 Osgood Street North Andover, MA 01845 www.northandovercam.org

## North Andover CAM General Release Form

I,	hereby grant
I,(Print Name of participation in project)	, .
To	
To(Print Name of producer)	
The right and permission to use my image as part of a video program of stations of North Andover CAM, the cable access provider for North Andover video, still images and voice.	
I hereby release and discharge the producer from any and all claims are connection with the use of the images and my name, likeness, and idea any and all claims for libel, privacy, or publicity.	e
I have read the foregoing and fully understand the contents thereof.	
Signature of participant:	
On	
On(Print date of media project Activity)	
If the above person is a minor, a parent of legal guardian must comple	te the section below.
I am the parent or guardian of the above named person who is a minor to the producer. I hereby consent to and join in the foregoing grant, rel minor.	
Print parent's or guardian's name:	
Signature:	
Date:	
Birth date of Minor:	