KBTS.TV Release Form for Media Recording



I, the undersigned parent or guardian of (child's name)	, do
hereby consent and agree that KBTS.TV Kids Behind The Scenes Television, agents have the right to take photographs, videotape, or digital recordings of reginning on (date), to use these in any and all hereafter known, and exclusively for educational and charitable purposes. I furny child's name and identity may be revealed therein or by descriptive text or	my child, media, now or rther consent that
I do hereby release to KBTS.TV Kids Behind The Scenes Television, its agen all rights to exhibit this work in print and electronic form publicly or privately ar sell copies. I waive any rights, claims, or interest I may have to control the use likeness in whatever media used.	nd to market and
I understand that there will be no financial or other remuneration for recording for initial or subsequent transmission or playback.	my child, either
I also understand that KBTS.TV Kids Behind The Scenes Television is not resexpense or liability incurred as a result of my participation in this recording, indexpenses due to any sickness or injury incurred as a result.	-
I represent that I am at least 18 years of age, have read and understand the for statement, and am competent to execute this agreement.	oregoing
Name of Parent	
Address	
Phone and Email	
Parent or Guardian Signature Date	
KBTS.TV Representative Signature	Date