



ACCESS PROGRAMMING PERSONAL RELEASE FORM

To Whom It May Concern:

I hereby agree to your recording my one-time or multiple appearances and participation in the television program created by ReachOUT.org, Inc., herein referred to as ReachOUT, with it's address being PO Box 173, Garnerville, NY, 10923; to appear on any Cablevision, MNN, or any other cable, radio, broadcast system, or any other media such as the Internet. This includes, but is not limited to Pay, Public, Education, Government Access Channels, Radio, and/or Internet, including web broadcasting.

I acknowledge that ReachOUT is and will be the sole owner of all rights in and to the program. I acknowledge that ReachOUT may, at it's own discretion and without my prior consent or knowledge, broadcast my appearance and participation in the ReachOUT Television program, in whole or in any edited part, on any cable or broadcast system's Pay, Public, Education, Government Access Channels, or internet web broadcasting.

ReachOUT has the right to use my name, portrait, picture (motion and still), audio, and biographical material to publicize and advertise the program, or for any other purposes.

I hereby indemnify Cablevision, ReachOUT, it's volunteers, employees and representatives, or any other cable, radio, broadcast system, or internet web broadcaster, it's successors, assigns, against any and all claims, damages, liabilities, costs, and expenses arising out of the use of ideas or words expressed by me during the program or ad-libs spoken or unauthorized acts done by me in connection therewith.

I certify that I have read, understand and consent to this release. I am over the age of 18 years. If, I am not over the age of 18 years, then the signature below is from one of my parents or my legal guardian.

Signature

Date

Name (Please Print Legibly - Even if a Minor)

Full Address

NAME, ADDRESS, & SIGNATURE OF PARENT OR GUARDIAN, IF TALENT IS A MINOR:

Parent or Guardian's Name (Please Print Legibly)

Address (if different from the minor's)

Signature

Date

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Yes, I want to help you *ReachOUT* to Today's Culture with the Message of Hope. Please use my contribution as follows:

- _____ Donation for the continued work of ReachOUT.org, Inc., in the US
- _____ For Music or Artwork (etc.) from our Website (not tax deductible)
- _____ Total Check amount enclosed (Make checks payable to ReachOUT.org, Inc.)

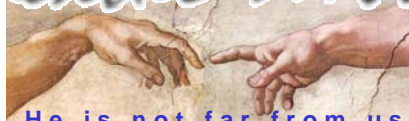
Name & Return address of the person making the donation: _____ Phone: _____

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PO Box 173, Garnerville, N.Y. 10923 † Phone /Fax (845) 786-0017
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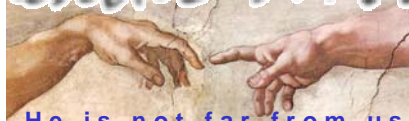
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