

PERSONAL APPEARANCE / TALENT RELEASE

Program/Event Title:		
Pieces Performed (list in order, with composer if	not original):	
Name:		
Address:		
City:	State:	Zip:
Phone: () Ema	iil:	
☐ I authorize Dakota Media Access (DMA) and/and/or performance in programs/series/segmen authorization includes, without limitation, the rigpart as DMA may elect.	ts for television, cable, web bas	sed presentations and/or radio. This
☐ I agree DMA, or its designee shall have comp interests and that DMA has no financial commitmental I have no interest or ownership in the production of my name, likeness, image, voice and/or performance.	ment or obligations to me as a r uct or its copyright, and I give al	result of this agreement. I acknowledge
☐ I release DMA, its staff, designees, Board of DM I release DMA, its staff, designees, Board of DM I release DMA, its staff, designees, Board of DM I release DMA, its staff, designees, Board of DMA, its staff		
$\hfill \square$ I have read the foregoing and understand its	terms and stipulations and agr	ee to all of them.
*Signature:	Print Name:	Date:
(*If the person signing is under age18, a parent of	or legal guardian must sign belo	vw.)
☐ I certify that I am the parent or legal guardian or her.		•
Signature:	_ Print Name:	Date: