



GET SUCCESS TV

INDEPENDENT TELEVISION PRODUCTIONS

## PARENT/GUARDIAN RELEASE FORM

Date: [date]

To: Get Success TV, 181-183 Chorley New Road, Bolton, Greater Manchester, BL1 4QZ, U.K.

Dear Get Success TV,

RE: Get Success TV Recorded Contribution ("Programme")

I agree to the recording and the broadcasting of the contribution given by my child to you on [date] to be used in connection with the Programme, the nature of which has been fully explained to me through your brief on the reverse of this letter, and all related media.

I give you all the permissions you need from me including the waiver of their moral rights, to copy, exhibit, transmit and broadcast the contribution and their image without time limit in all countries in the world by all means and in all media.

I accept that you may cut and edit the contribution as you wish and use it in the Programme (including using it to publicise the Programme and related online and offline projects and related publicity). This editing will be in accordance with current broadcasting regulations in the United Kingdom.

Yours faithfully,

Signature: .....

Parent/Guardian of: .....(print name of child)

**IMPORTANT (please print)**

NAME: .....

ADDRESS: .....

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PHONE: .....

EMAIL: .....