



Norcam, Inc.
21 Bow Street, North Reading, MA 01864
P: 978-664-0501 F: 978-664-1869 www.norcam.org

Norcam Talent Release Form
(please print clearly or type)

I hereby give Norcam, Inc permission to videotape the program/performance given by me (or my event, group, or organization,) -

Date: ___ / ___ / ___ at

Location: _____

I, also, give permission for this program/performance to be cablecast by Norcam, Inc on a non-commercial basis. This permission allows Norcam, Inc to use the recorded media in its promotional activities. Further, permission is given for this recorded media to be shown on other cable television systems on a non-commercial basis without further clearance from me.

Signature of individual or authorized representative of event, group, or organization videotaped -

Signature: _____ Date: ___ / ___ / ___

Name: _____ *(please print.)*

Title of Authorized Representative: _____

Address: _____

Phone: _____ Alternate Phone (or Fax): _____

**If you are under 18 years of age, your parent/guardian must sign here to indicate their approval/knowledge of your actions -*

Signature: _____ Date: ___ / ___ / ___

Name: _____ *(please print.)*

Relation: _____

Address: _____

Phone: _____ Alternate Phone (or Fax): _____