



### Release and Authorization Form

In consideration for the opportunity, value, personal satisfaction and benefit provided by Angelo State University in allowing my participation in the program entitled \_\_\_\_\_ for the ASU educational access cable channel, I, (print name): \_\_\_\_\_, hereby agree to participate in such program for the Angelo State University Access Channel, with the full understanding that my participation will become a part of the program and as such the sole property of Angelo State University. ASU will own the copyright in such programs and may edit, cablecast, re-cablecast, copy, re-title, publicize and otherwise merchandise the program at its discretion. This constitutes a complete release to Angelo State University of all claims regarding my appearance, performance, and/or participation in the program. I grant this release and authorization under the following conditions (as indicated by the check mark):

Check one only:

1. I understand that I am to receive no compensation for my appearance, Performance and/or participation in the above named program.
2. I understand that the total compensation I will receive for my appearance, performance and/or participation in the above named program is: \_\_\_\_\_.

I hereby consent to and approve release and authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: To submit this form, download it to your computer, Fill out the required fields, save the information, and attach to an email to [lmangrum@angelo.edu](mailto:lmangrum@angelo.edu)

For Office Use Only:

Accepted by ASU: \_\_\_\_\_

Date: \_\_\_\_\_