



Student Educational Video Awards Entry | SEVA Studio Labs | Student DV

TALENT & PRODUCER RELEASE

Must be completed by each person appearing in the program.

I AM: TALENT and/or PRODUCER

(Please Circle One or Both)

NAME: _____

SCHOOL: _____

VIDEO TITLE: _____

STUDENT PRODUCER(S): _____

[For Talent in a Production] I assign all rights to the still images, videotape, digital video file and sound recording made of me during this student produced SEVA (Student Educational Video Awards) production by the above stated school to be shared with the Sacramento Educational Cable Consortium. The video will be submitted to the SEVA contest held by the Sacramento Educational Cable Consortium (SECC) and hereby authorize the reproduction, sale, copyright, exhibition, broadcast, cablecast, webcast, podcast and/or distribution of this video and audio content without limitation for educational programming and promotional purposes.

I understand that there will be no financial or other remuneration for use of my work and/or recordings, either for initial or subsequent transmission or playback, and I hereby release the Sacramento Educational Cable Consortium and its partners from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media.

[In addition to the above for Student Producers] I certify that all permits, releases, licenses and national clearances for the use of any copyrighted material, third party contracts and similar matters necessary to cablecast, broadcast, webcast or reproduce this video have been obtained. I indemnify and hold harmless SECC and all its staff against any and all claims resulting from public display of my entry. I grant permission to have my video or portions of it be reproduced by SECC for educational programming purposes or one of its partners for educational and/or promotional use. I hereby guarantee that I am the owner of this work and have authority to grant permission for the above.

Signature: _____ Date: _____

Parent Signature: _____

(If under 18, a parent signature is needed.)

Phone: _____

SACRAMENTO EDUCATIONAL CABLE CONSORTIUM

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If you have any questions regarding this program or release form, please contact Doug Niva at SECC:

(916) 261-7008 or (916) 920-1006 or doug@secc.tv