



Public Broadcasting Council of Central New York, Inc.

415 West Fayette Street

Syracuse, NY 13204

Phone: 315.453.2424 • Fax: 315.451.8824

www.wcny.org

I hereby consent to permit WCNY-TV and, or WCNY-FM, WUNY-FM and WJNY-FM to transmit and/or record my voice, picture, name, likeness, or performance/visual art for single or multiple performances.

I further agree to permit said station(s) to supply recordings thereof to other broadcasting organizations and to consent to further broadcast, cable, or other use thereof without limit.

This consent also extends to the use of my name and/or likeness, any portion of my performance/visual art, and biographical information about me, in publicizing or promoting such broadcasts or other uses.

This release is given in consideration of my appearing in one or more television and/or radio program(s) broadcast or cablecast by stations WCNY-TV and, or WCNY-FM, WUNY-FM and WJNY-FM.

PLEASE PRINT:

Name: _____

Home Address: _____

Company Name: _____

Business Address: _____

Telephone No.: Day _____ Evening _____

Signature: _____ Date: _____