

Permission for audio and video capture and distribution	
remission for additional	- Tales capture and distribution
l,	, grant permission to High Five Access Media
[Talent Name	e]
and/or HFAM Community Producers to record my likeness and/or voice. I	
understand that permission allows the producer to distribute the production	
on the Comcast cable system, other access stations, the internet and other	
distribution outlets av	vailable to HFAM. I hereby release and agree to
indemnify and hold	harmless the producer, their successors and
•	nd all liability, claims, actions and damages arising
•	
in any manner from the appearance of myself for said program or use	
thereof.	
Talent (Sign)	Date
(==5.,	
[] The Talent is under age eighteen. The minor named above has the	
permission of a parent or guardian to be a part of HFAM productions.	
Parent/Guardian (Sign) Date	
Alexand the Book decease (
	person submitting form)
Name	
Affiliation (if applicable)	
Telephone	
E-mail Address	
Mail Address	

High Five Access Media P.O. Box 5600 Avon, CO 81620 (970) 949-5657