NUNAVUT INDEPENDENT TELEVISION NETWORK (NITV)

RELEASE FORM

PROJECT: Uvagut TV

Ι,	, hereby agree to participate in the live
shows produced by Uvagut TV/Nunavut Independent Tele voice, appearance and/or performance and photograph m likeness, in whole or in part, in this Production and any relaperpetuity.	evision Network (NITV) and accept that NITV record my e and consequently may use my name, voice, image and
I understand that Nunavut Independent Television Networ covered by this release without, however, the obligation to	
I hereby release NITV and its assigns and licensees from an causes of action(s), costs and expenses caused by or arising	
I understand that this authorization is given without a previously provided for other services rendered, such	·
Participant Signature:	Date:
Address:	E-mail:
Territory/Province:	Tel. number:
Postal Code:	
If participant is a minor:	
I hereby confirm that I have legal custody of the participan and approval.	t and that the participant has signed with my full consent
Signature of Legal Guardian:	Date:
Full Name of Legal Guardian:	
Address:	E-mail:
Territory/Province:	Tel. number:
Postal Code:	