



P.O. Box 702 • 1706 12th Ave • Longview, WA 98632
Phone (360) 636-3310 • Fax (360) 636-1490
www.kltv.org

PERFORMANCE RELEASE FORM

Performer _____

Representative/Label: _____

Address _____

Telephone (____) _____ - _____

Email: _____

I, _____ (*COMPOSER*), who composed and own the copyright(s) and or license to the music performed agree to allow KLTV to use my work for cablecast. I, the *COMPOSER*, own the sole and legal copyright and license to the described work, and hereby agree to the use of this work in the promotion, production and distribution of the program.

I understand that this program will be cablecast and/or used on KLTV's website. Program's and copies thereof, which are produced using KLTV facilities, shall not subsequently be distributed for profit unless specific arrangements are made with the Executive Director and approved by the Board of Directors.

Composers signature _____ Date ____/____/____

Parent/Guardian signature _____
Date ____/____/____

Producer _____

Producers Signature _____ Date ____/____/____