

PUBLICITY RELEASE AND WAIVER

to use, re-use, adapt, modify, exhibit, distribute, ed statements and/or performance live and recorded, t	by authorize and grant to Gray Television Group, Inc. d/b/a KB gns, in connection with the production or promotion of The Da it and otherwise exploit, my name, likeness, image, photograph ogether with any materials I have submitted to Company, in an or in part, as edited and otherwise altered at the sole discretion	n, voice, biography, interview, ny and all manner, media or
I acknowledge that Company shall be the owner of Company's uses and no right to receive any compe	any program, product or uses and all rights thereto for all purp nsation or consideration for any uses.	oses and that I have no rights to
I agree to indemnify and hold harmless Company f attorneys' fees, arising out of the inaccuracy or bre	from and against all claims, losses, expenses and liabilities of evach of any provision of this agreement.	very kind, including reasonable
photograph, voice, biography, interview, statement not limited to claims for blurring, distortion, or edit	ns arising out of the use as described above by Company of my and/or performance, together with any materials I have submitting. I further expressly release and discharge Company of and n, any claims for defamation, false light, invasion of privacy, value competition, and copyright infringement.	itted to Company, including but I from any and all claims arising
without regard to conflict of law principles. If any	and interpreted, construed and enforced in accordance with the provision in this agreement is found to be invalid, unlawful or ent, which shall continue to be valid, lawful and enforceable in	unenforceable to any extent,
	of the parties, and I am not relying on any other promises or staless mutually agreed to by both Company and myself in writin	
I HAVE READ AND FULLY UNDERSTAND	ΓHIS AGREEMENT.	
I confirm that I am over the legal age of majority a	nd have the right, capacity, and authority to enter into this agree	ement.
SIGNATURE:	Date:	
PRINT NAME OF ENTRANT:		
STREET ADDRESS:		
CITY, STATE, AND ZIP CODE:		
TELEPHONE NUMBER:	DATE OF BIRTH:	
IF YOU ARE UNDER THE AGE OF LEGAL A PARENT OR LEGAL GUARDIAN MUST EXI	AGE OF MAJORITY IN THE STATION'S STATE OR COECUTE THIS RELEASE.	OMMONWEALTH, YOUR
	egal guardian of the minor child identified below and that I	I have read and fully
SIGNATURE:	Date	
PRINT NAME OF PARENT/GUARDIAN:		
NAME OF MINOR CHILD:		
STREET ADDRESS (ONLY IF DIFFERENT THAN ABOVE	E FOR MINOR):	
CITY, STATE, AND ZIP CODE:		

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____