

## Authorization and Release

Program Working Title: **“Eat To Thrive” with Betsy Bragg**

In return for the opportunity to participate in the above named program, I hereby grant to: Betsy Bragg, Director of “Eat To Thrive” and “Real Kids Real Food” **permission to transmit live and / or to record for later transmission my artwork, likeness and / or voice as a part of the above on our Websites & all Social Media associated with above names for any lawful purpose, at any time.**

I also authorize the use of my name and excerpts from said program for the purpose of promoting and publicizing this program.

I waive any right that I may have to inspect or approve the finished product or the written copy that may be used in conjunction therewith, or the use to which it may be applied.

I agree to hold the program producer and any television company, media company & publishing company that transmits the program harmless for any liability to others arising from anything I may say or do during the program, except as set forth in a written script provided to me by the program producer.

I have read this agreement before signing and fully understand its contents.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of parent or guardian if  
Above named person is not of legal age: \_\_\_\_\_