



**RELEASE AND ACKNOWLEDGMENT OF LIABILITY FORM**

I, \_\_\_\_\_, the undersigned, hereby acknowledge that I have offered, and Charter communications has accepted, to perform services as a non-compensated volunteer, to perform various services concerning program origination and program production.

I accept fully responsibility and liability for any damages caused directly or indirectly by me which are suffered by Charter Communicates or imposed upon said company by me as a third party.

While working in conjunction with Charter Communications, I hereby release the company from any and all liabilities to me for injury or harm to me which could result from my performance in volunteer services for the company.

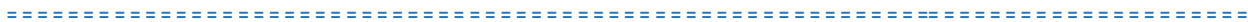
I do realize that I am not bound under any contractual obligation with Charter Communications and, as a result, I am thereby responsible for my own actions. I do have the right to accept or reject the performance of any services, whether offered by me or requested by Charter Communications, which could result in liability or risk of injury to me.

I, \_\_\_\_\_, the undersigned, have executed this Release and Acknowledgment of Liability intending to be legally bound hereby, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
I, the volunteer

\_\_\_\_\_  
If under 18 signature of Legal Guardian

\_\_\_\_\_  
Charter Communications Representative



**For Internal Use Only**

Approved by: \_\_\_\_\_

Show title: \_\_\_\_\_

Date processed: \_\_\_\_\_



**ACCESS PROGRAMMING PERSONAL RELEASE FORM**

To Whom It May Concern:

I hereby agree to your recording my appearance and participation in a television program being created by you to appear on Charter Communications Public, Educational, and/or Government Access Channel.

I acknowledge that you are and will be the sole owner of all rights in and to the program.

You shall have the right to use my name, portrait, picture, and biographical material to publicize and advertise the program.

I hereby indemnify Charter Communications, its successors, assigns, and you against any and all claims, damages, liabilities, costs, and expenses arising out of the use of ideas or words expressed by me during the program or ad libs spoken or unauthorized acts done by me in connection therewith.

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

Show: \_\_\_\_\_

**NAME, ADDRESS, AND SIGNATURE OF PARENT OR GUARDIAN, IF TALENT IS A MINOR:**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

=====  
**For Internal Use Only**

Approved by: \_\_\_\_\_

Date processed: \_\_\_\_\_