Lone Star College System



Short Film Release Form

Producer, Director and/or Owner of Work (hereinafter "Artist"):	O TO TEIVE
Address:	
City, State, Zip:	
Telephone:	
Email address:	
I, Artist, do hereby voluntarily agree to allow the Lone Star College System ("LSCS") and its subsibroadcast my film (described below) on Suddenlink Cable Channel 42, or other medium, either on or manner to be determined solely by LSCS and LSC-TV. LSCS and LSC-TV may broadcast and reproduce reproduction in its publications, (b) publicity purposes in connection with LSCS and LSC-TV; and (c) educations as part of LSCS audio-visual services. This authorized broadcast may continue for a period of two (2) you upon its first date of airing.	off campus in a my work for (a) ational purposes
Artist proclaims that s/he has full legal title to the work. Artist warrants the submitted film is an original in violation of any applicable law or copyright or trademark. Artist possesses all permissions and cle content within the film and from all parties who helped in creation of the film, and can provide writte permissions and clearances upon request.	arances for the
Artist understands and acknowledges that the broadcast of the film by LSCS and LSC-TV carries no monet party whatsoever, including but not limited to compensation, tax liability or any other financial transaction.	
Artist understands that LSCS, LSC-TV and Suddenlink will not be held responsible for the copying or rhis/her work by the subscribers or viewers of the broadcast. Artist understands and acknowledges that carry insurance to cover the film against loss of any type.	
Artist understands that LSC-TV and LSCS is under no obligation to broadcast his/her submitted film for an	y reason.
IN CONSIDERATION OF LSCS BROADCASTING MY FILM, ARTIST HEREBY AGREES TO RELEASE AND HOLSC-TV, LSCS AND ITS TRUSTEES, OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIAB DAMAGE, THEFT, LOSS, COPYRIGHT OR TRADEMARK INFRINGEMENT, OR CLAIM OF ANY TYPE WHAT MAY RESULT FROM THE BROADCAST OF MY FILM BY LSC-TV.	ILITY FOR ANY
Signature:	
Date:	
Title of work:	
Description of film:	