



Program  
Release

Roseville 651-792-7515

Certification #  
\_\_\_\_\_

**Authorization To Make Copies for Third Party**

I (print name) \_\_\_\_\_ ,  
hereby authorize rights to CTV Channel 15 for any duplication requests made by  
a third party for private use or for replay on another cable system.

I hereby authorize CTV Channel 15 to be the sole duplicator of the  
programs and understand that at no time may the third party duplicate; distribute  
or sell these programs.

I hereby certify that I am over eighteen years of age and competent to  
contract in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement before  
signing below and warrant that I fully understand the contents thereof.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

DATE \_\_\_\_\_

(This release expires one year from the date above)

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CTV Designee \_\_\_\_\_

Date \_\_\_\_\_