



Falmouth Community Television | 310 Dillingham Avenue, Falmouth, MA 02540 | www.fctv.org

Parental Permission Form

Minor's Name(Print): _____

As the parent/guardian of the above named minor, I hereby give my permission for him/her to use the equipment and facilities of Falmouth Community Television, Inc. The above named minor may participate in community television productions which take place (please check each permissible location) either in the studio _____ and/or in the field _____.

In cases where the above named minor wishes to request facility or equipment use, I will sign all relevant forms accepting responsibility for the equipment and facilities.

I agree to indemnify and hold harmless Falmouth Community Television, Inc. from any liability while the above named minor is using equipment or facilities.

Parent/Guardian's Signature: _____

Print Name: _____ Date: _____

Address: _____

Phone Number: (____) _____

In Case of Emergency, please notify: _____

(FOR STAFF USE ONLY)

Staff Signature: _____ Date: _____