



AUTHORIZATION FOR TELECLIP TV RECORDING AND BROADCAST

I _____ parent, guardian of _____
(name of student) authorize my son/daughter to participate in the Teleclip TV
production at _____
which will be broadcast over the Internet or through other televised venues.

I also authorize images or photos of my son/daughter to be broadcast over the Teleclip
TV Internet channel. I understand that these photos or images will be seen worldwide
over the Internet.

Parent/Guardian signature: _____

Dated: _____

To print and hand out to the Teleclip TV staff at the beginning of the workshop or send
with a scanned signature via email to produccion@e-television.es