

Script Submission Release

Name: _____

Address: _____

City/State: _____

Telephone: _____

Email: _____

Script Title: _____

I hereby certify that I am the author of the above named script, that the script is my original work and that I am the sole owner of the copyright thereto. I wish to submit my script to Wayback Radio Theater, to be considered for production and publication on the Wayback Radio Theater podcast.

I understand and agree that I will receive no monetary consideration for the use of my script.

I hereby waive any claims which may arise from the submission of my script and agree to hold harmless and indemnify American Radio Theater, Inc., its successors and/or assigns for any damages pertaining thereto.

Signed: _____ Date: _____

Mail this form to:

Wayback Radio Theater
3259 Roxburg Dr.
Lexington, KY 40503