

## Agreement With Policies & Regulations

1. I have read, and agree to abide by the Policies & Regulations of Acton Public Access Television
2. I understand that the following material is forbidden for presentation on the Public/Governmental/Educational (PEG) Access Channels:
  - a. Any obscene and / or other programming prohibited by applicable law(s).
  - b. Any lottery information.
  - c. Any material designed to promote the sale of commercial products or services.
  - d. Any invasion of privacy.
  - e. Any violation of trademark, copyright, or publicity rights prohibited by applicable law(s)
  - f. Any illegal or otherwise prohibited activity.
3. I will be thoroughly familiar with the nature of all program material that I submit for cablecast and take full responsibility for its content.
4. I understand that the material I tape will be used for programming on the APAT cable channel.
5. I agree to obtain in writing all necessary clearances and permissions from any and all organizations, individuals, and groups as may be needed to tape and/or cablecast material on the APAT cable channel.
6. I understand I am responsible and agree to indemnify and hold harmless Metrocast, Town of Acton., Cable Committee members, APAT, APAT staff, and their successors, from any liability, loss, claim, cost, or damage of any nature whatsoever which may arise by reason of any claim that any material cablecast or disseminated by me infringes and / or violates any rights of person(s) or organization(s).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Organization (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

If a member is under 18 years of age, name and signature of parent/guardian:

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_