

REQUEST FOR CABLECAST

I, _____, (check only one)

_____ member of Acton Public Access Television (APAT)

_____ member of _____, an Acton based organization

_____ employee or resident of the Town of Acton

request to have the following program/series cablecast on APAT's access channel.

Name of Program: _____

Producer of Program: _____

Producer Address & Phone #: _____

Description of Program: _____

List Crew Members (optional):

Does the program contain offensive language, nudity, sexually explicit, or excessively violent material?

_____ Yes _____ No

Total length of the program: _____

Frequency – I agree to submit this program: ___ One time only ___ Weekly ___ Monthly ___ Other
(explain) _____

Preferred day and time for cablecast: _____

I have read, am thoroughly familiar with, and agree to comply with APAT's Policies and Regulations regarding the cablecast of this program.

I give permission to APAT to display my name at the beginning and/or end of the program as its presenter. I give APAT the right to duplicate, cablecast, stream and/or distribute this program by any means without copyright liability whatsoever.

As presenter of this program, I state that the program contains no advertising, obscene material, lottery information, or libelous/slandorous material. I agree that I am solely responsible for the content of this program and do not hold APAT, the Cable Committee, employees, or members responsible for its content in any way. I have received all necessary permits, copyright, waivers, and/or releases in order to legally cablecast the program.

I agree that the scheduling of this program is at the discretion of APAT.

Signature of presenter: _____

Address (street, city, state, zip): _____

Phone: _____ Date: _____

Email: _____

If under 18 years of age, parent/guardian must sign to accept full responsibility of presenter.

Parent/Guardian Name: _____

Phone: _____ Date: _____

Email: _____

Parent/Guardian Signature: _____