CCAT
Carver Community
Access Television

CABLECAST REQUEST FORM

NAME:_____ DATE:_____

ADDRESS:_____

PHONE: (h)_____(w)_____(fax)_____

PROGRAM TITLE:_____LENGTH:_____

PROGRAM TYPE: Local_____ Imported_____ Single_____ Series_____
(CCAT assumes no responsibility for lost or damaged videotapes)

AGREEMENT

I, _____, apply for cablecasting time on CCAT's community channel 18 for the program or series entitled_____.

I have read, understand, and agree to comply with the Carver Community Access Television Corp's. "Operating Policies and Procedures".

I indemnify and hold harmless Carver Community Access Television Corp., its officers and staff, and the town of Carver against any claims arising out of the cablecasting of this program or series; including but not limited to any claims in the nature of libel, slander, invasion of privacy or publicity rights, non-compliance with applicable laws and unauthorized use of copyrighted material.

I agree that I have obtained all of the necessary approvals and/or clearances including but not limited to approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives and/or persons appearing in the program in order to cablecast the program on CCAT's Channel 13.

I request that this program or series be cablecast on:

DATE(S):_____TIME(S):_____

APPLICANT'S SIGNATURE:_____DATE:_____

All program scheduling is at the sole discretion of the Executive Director. This is a request only. Access Members should understand that program content may affect air time and placement. Programs may be pre-empted for emergency programming and for regular and/or special municipal meetings which are covered live. Every attempt will be made to honor legitimate air time requests. Scheduling decisions of the Executive Director are final. Appeals may be made concerning program content only.