

Carver Community Access Television

IMPORT PROGRAM CABLECAST REQUEST FORM

Program Title: _____

Channel time request: _____

Note: All time slot requests must be received by Friday, two weeks prior to the requested cablecast date. Producers are not guaranteed the requested time slot. Regularly produced series programs will hold a weekly time slot.

Please provide staff with a brief description of program for publicity purposes:

All programs on DVD **must** include 5 seconds of program black but NO countdown or color bars. For programs on VHS and SVHS, program must include 10 seconds of black and a countdown. All tapes and DVDs must be properly labeled on the tape spine and face or face of DVD disc containing the following information:

1. Total run time **including seconds (ex: TRT: 29 min, 14 secs.) Calculate run time from the start of the beginning credits or intro to the end of the end credits. DO NOT include black, countdowns, etc at the beginning or end of tape as part of the total run time**
2. Name of program with episode number
3. Date program was produced

***Programs submitted without this information **WILL NOT** be shown on CCAT channels.

All programs submitted must meet technical requirements for audio and video, as indicated in the Operating Policies and Procedures. Programs not meeting these requirements will not be shown on CCAT.

I, the undersigned, warrant and represent to CCAT that the above program meets the criteria for access programming defined in CCAT Policies and Procedures Handbook. The above material submitted by me contains none of the following:

1. Any material which is libelous or slanderous,
2. Any material that is obscene, or otherwise illegal,
3. Any material that is commercial in nature,
4. Any material which is intended to defraud the viewer, or is designed to obtain money by false or fraudulent pretenses.

These warranties and representations are made by me in order that this program be cablecast on CCAT operated access channels. I agree further to indemnify and hold harmless CCAT, the town of Carver, and any of their employees, officers, Board of Directors, etc., from any and all claims, demands, damages or other liabilities which may be made against or arise out of the cablecasting of the program submitted by me whether or not the program has been reviewed by CCAT prior to cablecast. I further agree to pay CCAT, Inc., or the town of Carver all legal fees and expenses incurred by this program in connection with any legal proceedings concerning cablecast, as such legal fees and expenses arise.

Local Program Sponsor: _____ Phone: _____

Address _____

Local Sponsor Signature: _____ Date: _____

Program Producer: _____ Phone: _____

Address: _____

Producer Signature: _____ Date: _____

Staff: _____ Date: _____