



Carver Community Access Television

60 South Meadow Rd. ~ P.O. Box 287
Carver, MA 02330

phone: (508) 866-1019 ~ fax: (508) 866-5925

email: info@ccat.cc ~ web: ccat.cc

PARENTAL PERMISSION FORM (under 18)

I hereby give permission for _____ to use Carver Community Access Television Corp.'s equipment, facilities, and/or channel time. This individual may participate in community television productions which take place in either the studio located at 60 South Meadow Rd. In the Middle School or on location which is anywhere other than the Carver Community Access Television studio.

I have read, understand, and agree to comply with the "Operating Policies and Procedures" guide and have signed the "CCAT Statement of Compliance" form.

I assume full responsibility for the behavior of the above minor, and any damage due to misuse or abuse of the equipment and/or facilities by the minor.

I indemnify and hold harmless Carver Community Access Television Corp., its officers and staff, and the town of Carver from any liability while the minor is using the equipment and/or facilities.

Date: _____

Parent/Guardian

Signature: _____

Print Name: _____

Address: _____

Phone:(H) _____ **(W)** _____

Minor signature: _____

Print Name: _____

Address: _____

Phone:(H) _____