_____/ _____/ _____
Date

FCTV-13
Falmouth Community Television

Production # Tape #

SINGLE PROGRAM/SPECIAL

CHANNEL TIME REQUEST

Channel Time Request / Producer's Indemnification Form

PROGRAM PRODUCER:

NAME: _____ **PHONE #:** _____

ADDRESS: _____

SPONSOR: **(If not produced at FCTV, must be sponsored by an FCTV Member.)**

NAME: _____ **PHONE #:** _____

ADDRESS: _____

PROGRAM TITLE: _____

PROGRAM DESCRIPTION _____

_____

IS THIS A BRAND NEW SHOW? _____ **IF NOT, THEN WHEN WAS THE 1ST AIR DATE** _____

PROGRAM LENGTH: _____ **(HOURS : MINUTES : SECONDS) **ONLY One (1) Show Per DVD****

IS THIS PROGRAM LIVE OR TAPED _____ **(2 WEEKS PRIOR NOTICE IS REQUIRED FOR ALL LIVE SHOWS)**

VIDEOTAPES & DVD DISC'S MUST BE LABELED WITH THE FOLLOWING DATA. IS IT?

TITLE, AND PROGRAM # IF SERIES: _____ **PRODUCER'S NAME:** _____

EXACT LENGTH OF PROGRAM: _____ **AUDIO CHANNEL:** _____

VIDEOTAPE PROGRAMS (ONLY)SHOULD INCLUDE THE FOLLOWING. DOES IT?

COLORBARS (30seconds): _____ **SLATE:** _____ **COUNTDOWN:** _____

BLACK (2-MINUTES AFTER CLOSING CREDITS): _____ **DVD's DO NOT require Bars, Slate or Countdown**

CABLECASTING: Keeping in mind your target audience and program content, what are the best days and times to cablecast this program ? If the program contains material inapropriate for young viewers, you are urged to begin with a warning advising viewer discretion and self - select cablecast times after 11:00 PM.

DOES THIS PROGRAM CONTAIN MATERIAL INAPROPRIATE FOR YOUNG VIEWERS ? _____

Suggested Airtimes:

	EVENINGS (6-11 PM)		MORNINGS / AFTERNOONS (7AM - 6PM)		
1st Choice:	Day	Time	Day	Time	
2nd Choice:	Day	Time	Day	Time	
3rd Choice:	Day	Time	Day	Time	

WHEN SHOULD WE STOP PLAYING THIS SHOW ? _____

INDEMNIFICATION

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR THE CONTENT OF ALL PROGRAM MATERIAL. THIS RESPONSIBILITY REFERS TO:

A) OBTAINING ALL NECESSARY CLEARANCES AND RELEASES IN WRITING FROM ANY AND ALL INDIVIDUALS, ORGANIZATIONS, AND GROUPS WHOSE APPEARANCE OR MATERIAL IS VIDEOTAPED AND/OR CABLECAST - AND ALL OTHER APPROVALS AS MAY BE NEEDED.

B) PRESENTING MATERIAL WHICH IS IN GOOD TASTE AND DOES NOT CONSTITUTE LIBEL, SLANDER, OBSCENITY OR INDECENCY, INVASION OF PRIVACY OR PUBLIC RIGHTS, UNFAIR COMPETITION, LOTTERIES OR INFORMATION CONCERNING LOTTERIES, INFRINGEMENT OF COPYRIGHT OR UNAUTHORIZED USE OF TRADEMARKS, TRADE NAMES, OR SERVICE MARKS, OR ANY VIOLATION OF LOCAL, STATE, OR FEDERAL LAW.

I FURTHER UNDERSTAND THAT THE PRESENTATION OF ANY COMMERCIAL ADVERTISING MATERIAL DESIGNED TO PROMOTE THE SALE OF PRODUCTS OR SERVICES, INCLUDING ADVERTISING OR PROMOTIONAL MATERIAL BY OR ON BEHALF OF A CANDIDATE FOR PUBLIC OFFICE, IS PROHIBITED, UNLESS PREVIOUSLY ARRANGED IN ACCORDANCE WITH FALMOUTH COMMUNITY TELEVISION'S POLICY.

THE FCTV-13 NAME AND LOGO SHALL NOT BE USED IN ANY CREDITS OR ANY OTHER PART OF THE PROGRAM, OR IN ANY MATERIAL PROMOTING THE PROGRAM UNLESS SPECIFICALLY AUTHORIZED BY THE EXECUTIVE DIRECTOR.

I UNDERSTAND THAT I AM RESPONSIBLE FOR, AND AGREE TO INDEMNIFY AND HOLD HARMLESS FALMOUTH COMMUNITY TELEVISION, COMCAST, THE TOWN OF FALMOUTH, AND THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FOR, ANY LIABILITY, LOSS, CLAIM, INJURY, DAMAGE, OR COST (INCLUDING REASONABLE ATTORNEY'S FEES) ARISING FROM THE CABLECASTING, WEBCASTING, INTERNET STREAMING OR VIDEO ON DEMAND OF THIS PROGRAM ON FALMOUTH COMMUNITY TELEVISION'S PUBLIC ACCESS CHANNEL AND VIA ITS WEBSITE; INCLUDING, BUT NOT LIMITED TO CLAIMS CONCERNING LIBEL, SLANDER, OBSCENITY OR INDECENCY, INVASION OF PRIVACY OR PUBLIC RIGHTS, UNAUTHORIZED USE OF COPYRIGHTED MATERIAL, TRADEMARKS, TRADE NAMES, OR SERVICE MARKS, BREACH OF CONTRACTUAL OR OTHER OBLIGATIONS OWING TO THIRD PARTIES, OR NON-COMPLIANCE WITH ANY APPLICABLE LAWS, RULES, OR REGULATIONS OF LOCAL, STATE, OR FEDERAL AUTHORITIES. FURTHER, I AGREE TO RELEASE FALMOUTH COMMUNITY TELEVISION, ITS OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FROM RESPONSIBILITY IF THIS PROGRAM MATERIAL IS DAMAGED, LOST, OR STOLEN WHILE IN THEIR CUSTODY.

I UNDERSTAND THAT MY PROGRAM MUST MEET TECHNICAL STANDARDS NECESSARY FOR THE PROPER CABLECASTING OF PICTURES AND SOUND, AND THAT THE JUDGMENT OF FALMOUTH COMMUNITY TELEVISION STAFF AND/OR BOARD OF DIRECTORS SHALL BE FINAL WITH RESPECT TO THE SCHEDULING AND CABLECASTING, WEBCASTING, INTERNET STREAMING OR VIDEO ON DEMAND OF THE SUBMITTED PROGRAM.

SIGNATURE: _____

(PRODUCER'S SIGNATURE & DATE) **(SPONSOR'S SIGNATURE & DATE)**

(Shows will not be televised unless signed & correctly completed on both sides)

(THIS SECTION FOR STAFF USE ONLY)

APPROVED FOR CABLECAST ? Yes _____ No _____

STATE REASON IF NOT APPROVED: _____

STAFF SIGNATURE: _____ DATE: _____

FIRST CABLECAST DATE: _____

*** Where the term CABLECAST is used, it also applies to Webcasting, Internet Streaming and Video on Demand.**