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FCTV Falmouth Community Television



Production #

Series Channel Time Request / Producer's Indemnification Form

PROGRAM PRODUCER:		,						
NAME:		PHONE #:						
ADDRESS:								
EMAIL ADDRESS:								
SPONSOR: (If not produced at FCTV, must be sponsor	-	•						
NAME:		PHONE #:						
ADDRESS:								
EMAIL ADDRESS:								
DDOCDAM TITLE.								
PROGRAM TITLE:								
PROGRAM DESCRIPTION:								
PROGRAM LENGTH: CH	ECK ONE:	SPECIAL:	WEEKLY SE	RIES:				
BI-WEEKLY: MONTHLY: BI	-MONTHL	Y: **ONI	LY (1) One Sh	now Per DVI)**			
IS THIS PROGRAM LIVE OR TAPED?	(2-WE	EK PRIOR NOTICE IS I	REQUIRED FOR A	ALL LIVE SHOW	/S)			
YOUR DVD MUST BE LABELED WITH THE FOLI TITLE, AND PROGRAM # IF SERIES EXACT LENGTH OF PROGRAM			Check Below) PRODUCER'S N					
CABLECASTING: Keeping in mind your target a program? If the program contains material in discretion and self - select cablecast times after DOES THIS PROGRAM CONTAIN MATERIAL IN	apropriate er 11:00 PN	e for young viewers 1.	, you are urge	d to begin wi				
EVENINGS (6-11 PM)		IGS / AFTERNOONS	•					
1st Choice: Day Time	-	Time		**SPECIAL				
2nd Choice: <u>Day Time</u> 3rd Choice: <u>Day Time</u>	<u>Day</u> Day	Time Time			whether a serie or a "Rerun"	es		
			SHOW I	is brand New	or a Refuli			
SHOULD THIS PROGRAM PLAY ON OR BEFORE	ACERTAI	N DATE ?						
LIST SERIES EPISODES BELOW: Please resubmit this form every Quarter for series programs. NUMBER OF SHOWS IN SERIES: CHECK HERE IF ON-GOING SERIES:								
Episode Number and Title:		<u>Cablecast Date:</u>	New/Rerun	Run Time:	<u>Library #</u>			
#								
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INDEMNIFICATION

I UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR THE CONTENT OF ALL PROGRAM MATERIAL I SUBMIT. THIS RESPONSIBILITY INCLUDES THE FOLLOWING OBLIGATIONS:

- A) TO OBTAIN ALL NECESSARY CLEARANCES AND RELEASES IN WRITING FROM ALL INDIVIDUALS, ORGANIZATIONS, AND GROUPS WHOSE APPEARANCE OR MATERIAL IS RECORDED AND/OR CABLECAST, AND ALL OTHER APPROVALS AS MAY BE NEEDED.
- B) TO PRESENT MATERIAL WHICH DOES NOT CONSTITUTE LIBEL, SLANDER, OR OBSCENITY, INVASION OF PRIVACY, UNFAIR COMPETITION, INFRINGEMENT OF COPYRIGHT OR UNAUTHORIZED USE OF TRADEMARKS, TRADE NAMES, OR SERVICE MARKS, OR THAT VIOLATES 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 NAME AND LOGO WILL 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/CEO.

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 ATTORNEYS' FEES) ARISING FROM THE CABLECASTING, WEBCASTING, INTERNET STREAMING OR PRESENTED AS VIDEO ON DEMAND OF MY PROGRAM ON FALMOUTH COMMUNITY TELEVISION'S PUBLIC ACCESS CHANNEL OR ON ITS WEBSITE, INCLUDING, BUT NOT LIMITED TO CLAIMS CONCERNING LIBEL, SLANDER, OR OBSCENITY, INVASION OF PRIVACY, 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 LOCAL, STATE, OR FEDERAL LAWS, RULES, OR REGULATIONS . I FURTHER AGREE TO RELEASE FALMOUTH COMMUNITY TELEVISION, ITS OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FROM RESPONSIBILITY IF THEPROGRAM MATERIAL IS DAMAGED, LOST, OR STOLEN WHILE IN THEIR CUSTODY.

I UNDERSTAND THAT MY PROGRAM MUST MEET TECHNICAL STANDARDS NECESSARY FOR PROPER CABLECASTING OF PICTURES AND SOUND, AND THAT THE JUDGMENT OF FALMOUTH COMMUNITY TELEVISION STAFF AND/OR ITS 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 comple	eted on both sides)
FOR STAFF USE ONLY:	
APPROVED FOR CABLECAST? Yes No	
STATE REASON IF NOT APPROVED:	
STAFF SIGNATURE:	DATE:
FIRST CABLECAST DATE:	_
IS THIS A SERIES RENEWAL (VES / NO)	

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