

___/___/___
Date



Production #

Falmouth Community Television

SINGLE PROGRAM/SPECIAL CHANNEL TIME REQUEST

Channel Time Request - Producer and/or Sponsor Indemnification Form

PROGRAM PRODUCER:

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

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

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL 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 RECORDED _____ (2 WEEKS PRIOR NOTICE IS REQUIRED FOR ALL LIVE SHOWS)

DVD DISCS MUST BE LABELED WITH THE FOLLOWING DATA. IS IT?

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

EXACT LENGTH OF PROGRAM: _____

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 inappropriate 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 INAPPROPRIATE 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 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 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.