

## Request for Cablecast

I \_\_\_\_\_,  
\_\_\_\_\_ member of CCTV, Inc.  
(check one only) \_\_\_\_\_ member of \_\_\_\_\_, Concord-based organization  
\_\_\_\_\_ employee or resident in the town of Concord or Carlisle  
request to have the following program(s) cablecast on CCTV, Inc.'s access channel(s).  
Name of Program: \_\_\_\_\_

Producer of Program: \_\_\_\_\_

Description of Program: \_\_\_\_\_

Total length of each program: \_\_\_\_\_

Frequency - I agree to submit this program (circle one only): One time only, weekly,  
monthly, other (explain) \_\_\_\_\_ (Frequency of new programming  
submitted by presenter / producer determines frequency of cablecasts on the access  
channels).

Preferred day and time for cablecast (see Sec. V, Channel Time): \_\_\_\_\_

I give permission to CCTV, Inc. to display my name at the beginning and / or end  
of the program as its presenter. I give CCTV, Inc. the right to duplicate this program, for  
distribution if requested to do so, without any copyright liability whatsoever.

As presenter / producer of this program(s), I state that the program(s) contains no  
advertising, obscene material, lottery information, or libelous / slanderous material. I  
agree that I am solely responsible for the content of this program(s) and do not hold  
CCTV, Inc., its Board of Directors, employees, or members responsible for its content in  
any way. I have received all necessary permits, copyright waivers, and / or releases in  
order to legally cablecast the program. This program meets all CCTV production  
requirements as stated in the station guidelines.

I agree that the scheduling of this program(s) is at the discretion of CCTV, Inc.

Signature of presenter / producer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years of age, parent / guardian must sign to accept full responsibility of  
presenter.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

**Staff Use:** Date and time of actual cablecast: \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_ am/pm, channel: \_\_\_\_  
tape #: \_\_\_\_\_

