

**The Newbury Channel  
CABLECAST REQUEST FORM**

**Channel Time Request**

PROGRAM PRODUCER NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**\*\*SPONSOR: (If not produced at the Newbury Channel, must be sponsored by a Newbury Resident.)**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

PROGRAM DESCRIPTION \_\_\_\_\_

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

PROGRAM LENGTH: \_\_\_\_\_ (HOURS : MINUTES : SECONDS)

IS THIS PROGRAM LIVE OR RECORDED \_\_\_\_\_ (2 WEEKS PRIOR NOTICE IS REQUIRED FOR ALL LIVE SHOWS )

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**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 INAPROPRIATE FOR YOUNG VIEWERS ? \_\_\_\_\_

**SUGGESTED PLAY TIMES:** MORNINGS / AFTERNOONS ( 7AM - 6PM) EVENINGS ( 6-11 PM )

1st Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2nd Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

3rd Choice: Day \_\_\_\_\_ Time \_\_\_\_\_

DATE WE STOP PLAYING THIS SHOW \_\_\_\_\_

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**Producer's Indemnification Form**

**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 XYZ COMMUNITY TELEVISION'S POLICY.

I UNDERSTAND THAT I AM RESPONSIBLE FOR, AND AGREE TO INDEMNIFY AND HOLD HARMLESS Newbury Media Committee, THE TOWN OF Newbury, 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 OF THIS PROGRAM ON THE Newbury Channel'S PUBLIC ACCESS CHANNEL; 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 Newbury Media Committee, 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 Newbury Media Committee STAFF AND/OR BOARD OF DIRECTORS SHALL BE FINAL WITH RESPECT TO THE SCHEDULING AND CABLECASTING OF THE SUBMITTED PROGRAM.

PRODUCER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Sponsor's Signature needed for Bicycled Programming)

(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: \_\_\_\_\_