

**Request for Cablecast**

I \_\_\_\_\_, as (check one) \_\_\_\_\_ Producer \_\_\_\_\_ Advocate, request to have the following program(s) cablecast on Groton Cable Access.

Name of Program / Series: \_\_\_\_\_

Producer of Program / Series: \_\_\_\_\_

Description of Program / Series: \_\_\_\_\_

Total length of each program: \_\_\_\_\_ If series, number of programs: \_\_\_\_\_

Frequency (circle one only): Single show, Weekly, Bi-Weekly, Monthly, Other \_\_\_\_\_

Preferred day and time for cablecast \_\_\_\_\_

I give permission to Groton Cable Access to display my name at the beginning and / or end of the program as its advocate / producer, and to direct any inquiries regarding the program to me. I give Groton Cable Access the right to duplicate this program, for distribution if requested to do so, without any copyright liability whatsoever. It is my responsibility to make sure the show arrives at Groton Cable Access no later than 48 hours before the time of cablecast. (Initial: \_\_\_\_\_)

Producers / advocates are expected to alert Groton Cable Access staff to programming that may be inappropriate for younger viewers. GCATV reserves the right to cablecast such programming after 11:00 pm, and before 6:00 am, in order to preserve a safe haven for viewing by "all audience members". (Initial: \_\_\_\_\_)

As advocate / 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 the Town of Groton, its employees, or the Cable Advisory Committee, 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. (Initial: \_\_\_\_\_)

I agree that the scheduling of this program(s) is at the discretion of Groton Cable Access.

Signature of advocate / 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: \_\_\_\_\_