



Cablecast Request Form Saugus Community Television

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: (h) _____ (w) _____ (fax) _____

PROGRAM TITLE: _____ LENGTH: _____

PROGRAM TYPE: Local _____ Imported _____ Single _____ Series _____
(SCTV assumes no responsibility for lost or damaged videotapes or DVDs)

AGREEMENT

I, _____, apply for cablecasting time on SCTV's community channel 8 for the program or series entitled _____.

I have read, understand, and agree to comply with the Saugus Community Television, Inc.'s "Operating Policies and Procedures".

I indemnify and hold harmless Saugus Community Television, Inc., its officers and staff, and the Town of Saugus against any claims arising out of the cablecasting of this program or series; including but not limited to any claims in the nature of libel, slander, invasion of privacy or publicity rights, non-compliance with applicable laws and unauthorized use of copyrighted material.

I agree that I have obtained all of the necessary approvals and/or clearances including but not limited to approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives and/or persons appearing in the program in order to cablecast the program on SCTV's Channel 8.

I request that this program or series be cablecast on:

DATE(S): _____ TIME(S): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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All program scheduling is at the sole discretion of the Executive Director. This is a request only. Access Members should understand that program content may affect air time and placement. Programs may be pre-empted for emergency programming and for regular and/or special municipal meetings which are covered live. Every attempt will be made to honor legitimate air time requests. Scheduling decisions of the Executive Director are final. Appeals may be made concerning program content only.

Saugus Community Television, Inc.
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