



**Parental Permission Form**  
**(Under 18)**  
**Saugus Community Television**

I hereby give permission for \_\_\_\_\_ to use Saugus Community Television, Inc.'s equipment, facilities, and/or channel time.

This individual may participate in community television productions which take place in either the studio located at 1 Pearce Memorial Drive in the High School or on location which is anywhere other than the Saugus Community Television studio.

I have read, understand, and agree to comply with the "Operating Policies and Procedures" guide and have signed the "SCTV Statement of Compliance" form.

I assume full responsibility for the behavior of the above minor, and any damage due to misuse or abuse of the equipment and/or facilities by the minor.

I indemnify and hold harmless Saugus Community Television, Inc., its officers and staff, and the Town of Saugus from any liability while the minor is using the equipment and/or facilities.

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

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Minor signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_

**Saugus Community Television, Inc.**  
**1 Pearce Memorial Drive, Saugus, MA 01906**  
**Mailing Address: P.O. Box 1228, Saugus, MA 01906**  
**Studio: 781-231-2883 Fax: 781-231-3433 www.saugustv.org**