

Wrentham Cable Access Corporation



CHANNEL 8 TIME REQUEST

Print Name: _____

Street Address: _____ Mailing Address: _____

Email Address: _____

Home Telephone: _____ Work Telephone: _____

Signature of Producer: _____ Date: _____
(Wrentham resident over 18 years of age)

Title of Program: _____

Prerecorded or Live: _____ Length of Program: _____ minutes

Description of Program: _____

I am a resident of Wrentham over 18 years of age. In consideration of receiving cablecast time on the access facility of Comcast and Wrentham Cable Access Corporation (WCAC), I do hereby agree as follows:

1. I will comply with the WCAC rules and station policies.
2. I have obtained all appropriate clearances from broadcast stations, network, music licensing organizations, performers, representatives and without limitation by the above, any and all persons as may be necessary (or authorized to transmit its program material over the cable system).
3. I agree to hold Comcast and WCAC and any third parties harmless against any and all liabilities (including reasonable attorneys' fees), loss, or damage resulting from but not limited to claims of copyright violation, invasion of privacy, libel, slander, or any action arising from my use of access facilities.
4. I agree that the above program contains no libelous or slanderous material, no obscene or indecent material, no lottery or lottery information, and no advertising for products, services or political candidates.
5. I agree that any use of the access facilities of Comcast and WCAC will be consistent with the NAB and MCTA standard of good broadcast practice.

=====

Authorized Signature: _____ **Date:** _____