



CABLECAST RELEASE FORM

North Haven Community Television
 Operated by Connecticut Community Television, Inc.
 127 Washington Ave., North Haven CT 06473-1715
 Tel: 203-234-0025 Fax: 203-907-4059
 E-MAIL: info@nhtv.com WEB: www.nhtv.com

Date Received:	Received By:
Number of DVD's/Tapes/Files Received:	
Okay To Re-Air:	YES NO
Program Kill Date:	

I, _____, as producer ("Producer") of the Live or Videotape program titled _____ (the "Program") accept full responsibility for program content submitted for distribution by Connecticut Community Television, Inc., (NHTV). I submit the Program on behalf of or as a representative of _____ ("Organization") individually and on behalf of the Organization listed above, hereby agree to indemnify and hold harmless, NHTV and its partners, affiliates, officers, directors, employees, volunteers, and agents from and against liability, damages and expenses (including legal fees) arising out of any and all claims incurred as a result of distribution of this Program

- I warrant and represent that the Program does not contain
- (A) Any solicitation of funds or advertising material designed to promote the sale of commercial products or services, including advertising by and on behalf of candidates for public office
 - (B) Any material that is obscene, indecent or an invasion of privacy
 - (C) Any material concerning lottery information, gift enterprises or similar schemes
 - (D) Any material requiring union residual or other payment including but not limited to talent and crew unless those payments have been executed or waived

I agree to make all appropriate arrangements with, and to obtain all copyright and other clearances and rights from, broadcast stations, networks, sponsors, music licensing organizations, performers representatives, program owners, program syndicators, and any and all other persons or entities as may be necessary to lawfully transmit the program.

I agree to be bound by any NHTV programming guidelines, requirements, or restrictions, and by applicable FCC regulations and provisions of the Communications Act of 1934, as amended.

I agree that NHTV assumes no risk and makes no guarantee, express or implied, regarding the safety of the submitted program media in NHTV's possession. I hereby release and agree to indemnify and hold harmless NHTV, its employees and agents from responsibility if the Program(s)(and/or any related materials) are damaged while in NHTV's custody.

I acknowledge that NHTV shall not be liable for me for any failure of NHTV to transmit the Program as scheduled, whether because of the breakdown of equipment or any other reason. I acknowledge that my only remedy upon NHTV's failure to transmit the Program is the transmission of the Program at another time.

I understand that NHTV is relying upon this Agreement and the representations contained in this Agreement in permitting the Program to be transmitted on NHTV.

I agree that, in addition to all remedies and indemnifications specified in this Agreement, NHTV may prohibit my further use of NHTV facilities, and channels, should I violate any terms of this agreement.

Please Note: Connecticut General Statutes Section 16-331a(e)(1-3) states: Each company or organization shall adopt for its community access programming a scheduling policy which encourages programming diversity. Said scheduling policy shall include (1) limiting a program, except instructional access and governmental access programming, to thirteen weeks in any one time slot when a producer of another program requests the same time slot, (2) procedures for resolving program scheduling conflicts, and (3) other measures which the company or organization deems appropriate. A company or organization may consider the availability of a substantially similar time slot when making community access programming scheduling decisions.

Name _____ **SIGNATURE**

Address _____

City _____ State _____ ZIP _____

Tel (____) _____ - _____ E-Mail: _____

Format (circle one): VHS DVD-R MINI-DV MPEG2

Total Program Length: _____ : _____ : _____

Requested Air Date(s): _____

Residency/Employment Verified YES NO **STAFF INITIALS**

cablecastreleaseform.cdr