Hanover Community Access Television
Program Submission Form
www.hanoverctv.org

IMPORT Cablecast Request Form

Program Producer: ___________________ Phone: ___________________ Producer Address: ___________________
City/State/Zip: ___________________ Program Title: ___________________
Local Sponsor: ___________________ Phone: ___________________
Sponsor Address: ___________________ City/State/Zip: ___________________
Today’s Date: ___________________ Series ___ (or) One time special ____________
Channel time request: ____________
(Granted on first come, first serve basis.)

Please provide staff with a brief description of program for publicity purposes:

1. Total run time including seconds (EX: TRT - 29 min, 14 secs.) Run time: ______
2. Name of program producer with phone number: Producer: ___________________ Phone number: ___________________
3. Date program was produced: ___________________

***Programs submitted without this information WILL NOT be shown on HCTV channels.

All programs submitted must meet technical requirements for audio and video. Programs not meeting these requirements will not be shown on HCTV. Programs submitted by producers under age 18 must have the signature of a parent or legal guardian on this form.

I, the undersigned, warrant and represent to HCTV that the above program meets the criteria for access programming and that the above material submitted by me contains none of the following:

1. Any material which is obscene, libelous, slanderous, or is otherwise illegal,
2. Any lottery information or material which is intended to defraud the viewer,
3. Any material that is commercial in nature,
4. Any invasion of privacy,
5. Any violation of copyrights, trademarks, or publicity rights which might violate federal, state, or local laws.

These warranties and representations are made by me in order that this program be cablecast on HCTV operated access channels. I agree to indemnify and hold harmless HCTV, and/or the Town of Hanover, their employees, officers, CAM Committee, etc., from any and all claims, demands, damages and/or other liabilities which may be made against or arise out of the cablecasting and/or content of the program submitted. Further, I agree to pay Hanover Community Television, and/or the Town of Hanover all legal fees and expenses incurred for the program in connection with any legal proceedings concerning cablecast and/or content of said program. If a program is produced by a member who is under the age of 18, that member’s parent or legal guardian is responsible for the program’s content and this hold harmless agreement applies.

Producer’s Signature: ___________________ Date: ____________
Local Sponsor’s Signature: ___________________ Date: ____________
Staff: ___________________ Date Received: ____________