

Channel Time Request / Producer's Indemnification Form

PROGRAM PRODUCER

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

SPONSOR (If not produced at BCA, must be sponsored by an BCA Member.)

NAME: _____ PHONE #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PROGRAM TITLE: _____

PROGRAM DESCRIPTION: _____

PROGRAM_LENGTH: _____ (IF SERIES ALL SHOWS MUST BE UNDER THE TIME REQUESTED)

(example: a ½ hour program series will get cut off at 30 minutes without question)

Check One:	<input type="checkbox"/> Special	<input type="checkbox"/> Weekly Series	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-Monthly
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****Program Delivery must be MP4 1920X1080 (preferred) or 1280X720**

Is this program LIVE or PRE-RECORDED? _____

(LIVE SHOWS must present 4 previous recorded shows before a request for live will be allowed)

YOUR File must be submitted via Google Drive, Dropbox or transferred from a harddrive at BCA Facilities. Files must BE LABELED WITH THE FOLLOWING DATA: TITLE & PROGRAM # (only applicable if a series). You must email the Programming Manager (programming@bcatv.org) with TITLE, AND PROGRAM # IF SERIES, EXACT LENGTH OF PROGRAM and DESCRIPTION EXPIRATION DATE (if applicable)

CABLECASTING/Streaming: Keeping in mind your target audience and program content, what are the best days and times to cablecast/stream this program? If the program contains material inappropriate for young viewers, you are urged to begin with a warning, advising, viewer discretion and self-select cablecast/stream times after 11:00 PM.

DOES THIS PROGRAM CONTAIN MATERIAL INAPPROPRIATE FOR YOUNG VIEWERS? (Circle One) YES / NO

EVENINGS (6-11 PM) MORNINGS / AFTERNOONS (7AM - 6PM)

1st Choice: Day _____ Time _____

2nd Choice: Day _____ Time _____

3rd Choice: Day _____ Time _____

Is this a new program or rerun? _____

SHOULD THIS PROGRAM PLAY ON OR BEFORE A CERTAIN DATE? _____

LIST SERIES EPISODES BELOW: Please resubmit this form every Quarter for series programs.

NUMBER OF SHOWS IN SERIES: _____ CHECK HERE IF ON-GOING SERIES: _____

INDEMNIFICATION

I UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR THE CONTENT OF ALL PROGRAM MATERIAL I SUBMIT. THIS RESPONSIBILITY INCLUDES THE FOLLOWING OBLIGATIONS:

- A) TO OBTAIN ALL NECESSARY CLEARANCES AND RELEASES IN WRITING FROM ALL INDIVIDUALS, ORGANIZATIONS, AND GROUPS WHOSE APPEARANCE OR MATERIAL IS RECORDED AND/OR CABLECAST/STREAMED, AND ALL OTHER APPROVALS AS MAY BE NEEDED.
- B) TO PRESENT MATERIAL WHICH DOES NOT CONSTITUTE LIBEL, SLANDER, OR OBSCENITY, INVASION OF PRIVACY, UNFAIR COMPETITION, INFRINGEMENT OF COPYRIGHT OR UNAUTHORIZED USE OF TRADEMARKS, TRADE NAMES, OR SERVICE MARKS, OR THAT VIOLATES LOCAL, STATE, OR FEDERAL LAW.

I FURTHER UNDERSTAND THAT THE PRESENTATION OF ANY COMMERCIAL ADVERTISING MATERIAL DESIGNED TO PROMOTE THE SALE OF PRODUCTS OR SERVICES, INCLUDING ADVERTISING OR PROMOTIONAL MATERIAL BY OR ON BEHALF OF A CANDIDATE FOR PUBLIC OFFICE, IS PROHIBITED UNLESS PREVIOUSLY ARRANGED IN ACCORDANCE WITH BROCKTON COMMUNITY ACCESS'S POLICY.

THE BCA NAME AND LOGO WILL NOT BE USED IN ANY CREDITS OR ANY OTHER PART OF THE PROGRAM, OR IN ANY MATERIAL PROMOTING THE PROGRAM UNLESS SPECIFICALLY AUTHORIZED BY THE MEDIA CENTER DIRECTOR.

I UNDERSTAND THAT I AM RESPONSIBLE FOR, AND AGREE TO INDEMNIFY AND HOLD HARMLESS BROCKTON COMMUNITY ACCESS, COMCAST, THE CITY OF BROCKTON, AND THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FOR ANY LIABILITY, LOSS, CLAIM, INJURY, DAMAGE, OR COST (INCLUDING REASONABLE ATTORNEYS' FEES) ARISING FROM THE CABLECASTING, WEBCASTING, INTERNET STREAMING OR PRESENTED AS VIDEO ON DEMAND OF MY PROGRAM ON BROCKTON COMMUNITY ACCESS'S PUBLIC ACCESS CHANNEL OR ON ITS WEBSITE, INCLUDING, BUT NOT LIMITED TO CLAIMS CONCERNING LIBEL, SLANDER, OR OBSCENITY, INVASION OF PRIVACY, UNAUTHORIZED USE OF COPYRIGHTED MATERIAL, TRADEMARKS, TRADE NAMES, OR SERVICE MARKS, BREACH OF CONTRACTUAL OR OTHER OBLIGATIONS OWING TO THIRD PARTIES, OR NON-COMPLIANCE WITH ANY APPLICABLE LOCAL, STATE, OR FEDERAL LAWS, RULES, OR REGULATIONS. I FURTHER AGREE TO RELEASE BROCKTON COMMUNITY ACCESS, ITS OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES FROM RESPONSIBILITY IF THE PROGRAM MATERIAL IS DAMAGED, LOST, OR STOLEN WHILE IN THEIR CUSTODY.

I UNDERSTAND THAT MY PROGRAM MUST MEET TECHNICAL STANDARDS NECESSARY FOR PROPER CABLECASTING OF PICTURES AND SOUND, AND THAT THE JUDGMENT OF BROCKTON COMMUNITY ACCESS STAFF AND/OR ITS BOARD OF DIRECTORS SHALL BE FINAL WITH RESPECT TO THE SCHEDULING AND CABLECASTING, WEBCASTING, INTERNET STREAMING OR VIDEO ON DEMAND OF THE SUBMITTED PROGRAM.

(PRODUCER'S SIGNATURE)

(DATE)

(SPONSOR'S SIGNATURE & DATE)

(DATE)

(Shows will not be televised unless signed & correctly completed on both sides)

FOR STAFF USE ONLY:

APPROVED FOR CABLECAST? (YES / NO)

STATE REASON IF NOT APPROVED: _____

STAFF SIGNATURE: _____

FIRST CABLECAST DATE: _____

IS THIS A SERIES RENEWAL (YES / NO)

DATE: _____

* Where the term CABLECAST is used, it also applies to Webcasting, Internet Streaming and Video on Demand.