Access 12 TV Release Form

Staff use only							
Local ID:			Received by:			Date:	
Producers — Fill out all the information below							
Title: Playback date(s):							
Format:	□ File □ DVD □ DV tape	Cue:	HOURS : MINU	: JTES : SECC		Length: HOU	: : IRS : MINUTES : SECONDS
Event da	te:		Produ	cer name:			
Ob any tan					PLEASE PRINT	LEGIBLY	
Show top							
Is this program suitable for viewing by children? □ Yes □ No □ Language/profanity □ Nudity □ Sexual content □ Violence □ Other							
Special requests:							
This program was produced with equipment from: Access 12 TV Other							
Do NOT make copies of this program for requesting viewers:							
In consideration for permission, use and access to the replay of my program on the cable system and /or streamed onto the inter net, from Access 12 TV or Mediacom Cable Television Co. or its successors, I hereby make the following representations, agreements and releases: I certify that no advertising material or other commercial programming; lottery or lottery information; obscene material, sexually explicit conduct, or material soliciting or promoting unlawful conduct (as those terms are defined or in- terpreted under applicable FCC regulations); or indecent, slanderous or libelous material, is contained in this program. I request that this program be shown on an Access 12 TV channel/website. I authorize the subsequent replay of this program at the dis- cretion of Access 12 TV. I certify that I have obtained any and all clearances for the cablecast of this program from broadcast stations, networks, sponsors, music licensing organizations, performers; representatives, authors, composers and others, as re- quired. I accept full responsibility for the content of the program and the consequences of its presentation. I acknowledge and agree that I am liable for any costs arising from the use of copyrighted or licensed materials. I am familiar with Access 12 TV Rules, I have read the Rules, I understand the requirements contained within the Rules, I will comply with them. I understand and agree to the rules and procedures surrounding the treatment of programming that violates Access Rules. I hereby indemnify and hold harm- less Access 12 TV, Mediacom or its successors and their respective officers, directors, employees, agents and representatives from any and all liability, damage, injury, and judgements arising from the cablecast, playback or production of any programming or any other claim as set forth in the Access 12 TV Rules. I further attest that I have truthfully filled out this Release Form.							
Producer	signature:						
Home ad	dress:						
Phone:							
Email:							