

Request for Cablecast

I _____, (check only one)
_____ member of Billerica Access Television, Inc. ("BATV"),
_____ resident in the town of Billerica
request to have the following program(s)/series cablecast on BATV's access channel(s).
Name of Program(s): _____
Producer of Program(s): _____
Producer Address & Phone: _____
Description of Program(s): _____
Does the program(s)/series contain offensive language, nudity, sexually explicit, or
excessively violent material? yes no
Total length of each program: _____
Frequency - I agree to submit this program (circle one only): One time only, weekly,
monthly, other (explain) _____
Is the program(s) / series: Recorded OR Live
Preferred day and time for cablecast (see Sec. V, Channel Time): _____

As presenter of this program(s)/series, I am familiar with program content and understand that I am solely responsible for the content of this program(s)/series and agree to indemnify and hold harmless Comcast, Verizon, BATV, and / or its Board of Directors and employees and their successors, or members from any liability, legal fees or expenses whatsoever.

As presenter of this program(s)/series, I give permission to BATV to display my name at the beginning and / or end of the program(s) as its presenter. I give BATV the right to duplicate, cablecast, stream / webcast and / or distribute this program / series by any means without any copyright liability whatsoever. I also give BATV permission to use this program(s)/series or parts of, for promotional purposes.

As presenter of this program(s)/series, I state that the program(s) contains no advertising, obscene material, lottery information, or libelous / slanderous material. I understand that it is my responsibility to alert staff of any political program content relevant to an upcoming election. I have received all necessary permits, copyright waivers, and / or releases in order to legally cablecast, stream / webcast and / or distribute the program(s) by any means and agree to provide BATV, if requested, copies of any permits, waivers, releases, licenses, or other permissions and documents relating to program content.

I agree that the scheduling of this program(s) is at the discretion of BATV.

Signature of presenter: _____

Address (street, city, state, zip): _____

Phone: (____)-____-____ Date: __/__/__ Email: _____

If under 18 years of age, parent/guardian must sign to accept full responsibility of presenter.

Parent / Guardian: _____

Address (street, city, state, zip): _____

Phone: (____)-____-____ Date: __/__/__ Email: _____

Parent / Guardian's Signature: _____