

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): _____

List crew members (optional): _____

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) _____ (Frequency of new programming submitted by presenter determines frequency of cablecasts on the access channels).

Preferred day and time for cablecast (see Sec. V, Channel Time): _____

I have read, am thoroughly familiar with, and agree to comply with BATV's Policies and Regulations regarding the cablecast of this program/series.

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

As presenter of this program(s)/series, I state that the program(s) contains no advertising, obscene material, lottery information, or libelous / slanderous material and understand that it is my responsibility to alert staff of any political program content relevant to an upcoming election. I agree that I am solely responsible for the content of this program(s)/series and do not hold providers(s), Comcast, Verizon, BATV, Inc., its Board of Directors, employees, or members responsible for its content in any way. I have received all necessary permits, copyright waivers, and / or releases in order to legally cablecast, stream and / or distribute the program(s) by any means.

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

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: _____

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