

E. NCTV Member Request for Cablecast

I _____ request to have the following program(s)/series cablecast on NCTV'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. IX. A, Channel Time): _____

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

I give permission to NCTV, Inc. to display my name at the beginning and/or end of the program(s) as its presenter. I give NCTV, Inc. the right to duplicate, cablecast, stream and/or distribute this program I 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 I 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 NCTV, Inc., its Board of Directors, employees, or members responsible for its content in any way. I have received all necessary permits, copyright waivers, and I or releases in order to legally cablecast, stream and I or distribute the program(s) by any means.

I agree that the scheduling of this program(s) is at the discretion of NCTV, 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: _____