



MCTV Cablecast Resident Request Form

Program Title: _____

Name of Methuen Resident: _____

Home Address: _____

Phone: _____ Email: _____

Reason for requesting this program be aired on MCTV: _____

Tape format _____ Total Running Time: _____ Frequency: _____

I, the undersigned, understand that if the following items appear in the production, legal repercussions are possible.

1. Any material which is libelous or slanderous,
2. Any material that is obscene as defined by legal precedent,
3. Any material which is a violation of federal, state, local or copyright laws.

I understand that the program may not contain any material which is commercial in nature or an appeal for funds without the approval of MCTV.

I acknowledge that I have the permission of the producer to display the program(s) on MCTV.

I make these warranties and representations in order that this program is cablecast on MCTV operated access channels.

Resident Signature: _____

Print Name: _____ Date: _____

PRODUCER SIGN OFF:

I agree to the above points and further agree to indemnify and hold harmless MCTV and any of its employees, officers Board of Directors, etc. from any and all claims, demands, damages or other liabilities which may be made against or arise out of the cablecasting of the program submitted by me through the above Methuen resident whether or not the program has been reviewed by MCTV prior to cablecast. I further agree to pay MCTV all legal fees and expenses incurred by this program in connection with any legal proceeding concerning cablecast, as such legal fees and expenses arise.

Producer Signature: _____

Print Name: _____ Date: _____

SERIES PROGRAMS ARE RENEWABLE ON AN ANNUAL BASIS. THIS FORM WILL NEED TO BE RESUBMITTED ANNUALLY.

Staff approved _____ Tape received on _____ Scheduled for _____