



ATKINSON COMMUNITY TELEVISION  
CABLE CHANNEL 6

## **Cablecast Agreement**

I, the Program Producer named below, have read and understand all of policies and guidelines of Atkinson Community Television (ACTV) as regards to cablecast procedure and submit this signed Cablecast Agreement, along with the program I wish to have cablecast (if previously recorded), prior to the cablecast date of my program(s). I bear sole responsibility for the content of my cablecast program(s), whether live or recorded. By signing this agreement, I affirm I have obtained all necessary clearances/licenses/releases for any and all materials and locations used and/or for all persons materially appearing in this/these program(s) and can produce such documentation upon request. Recognizing that ACTV has no control over the content of my cablecast program(s), other than what is set out in the most current adopted revision of *Atkinson Community Television Policies and Guidelines*, I agree to indemnify and hold ACTV, the Atkinson Board of Selectmen, the Town of Atkinson, NH and its agents and representatives, and Comcast harmless from any and all liability or other injury (including reasonable costs of defending claims or litigation) arising from or in conjunction with claims of failure to comply with any and all applicable laws, rules, regulations, or other requirements of local, state, or federal authorities; of libel, slander, invasion of privacy, or infringement of common law or statutory copyright; concerning breach of contractual or other obligations owing to third parties; and for any other injury or damage in law or equity which claims may result from my use of ACTV.

I further understand this agreement does not serve as a guarantee of cablecast for any specified time and/or date. The program(s) I submit shall be subject to the submission and scheduling policies found in the most current adopted revision of *Atkinson Community Television Policies and Guidelines* under *Section IV. Public Access Policies and Procedures*, as interpreted by the ACTV Director of Communications. Within these parameters, every effort shall be made to schedule and cablecast my program(s) at least once; however, once scheduled, unforeseen circumstances may cause the scheduled time and date of cablecast to be changed or indefinitely postponed. Any re-scheduling or scheduling of repeat cablecasts of my program(s) shall be based on community interest, timeliness, and the availability of time and personnel to facilitate playback.

Program Title: \_\_\_\_\_

Program Description/Genre: \_\_\_\_\_

Desired Time Slot/Date of Cablecast: \_\_\_\_\_ Run Time: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_