

# ACCESS FRAMINGHAM

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ACCESS FRAMINGHAM

CONNECTING YOUR COMMUNITY

## Cablecast Agreement

Member Name \_\_\_\_\_ Member # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Organization (if applicable) \_\_\_\_\_  
 Program Producer (if other than Member) \_\_\_\_\_

Program Title \_\_\_\_\_ Program Language \_\_\_\_\_

Program Type:  Single Program  Series  PSA Length (hours:minutes:seconds) \_\_\_\_:\_\_\_\_:\_\_\_\_

Program Category (please check one)

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> Art/Culture     | <input type="checkbox"/> Food/Cooking   | <input type="checkbox"/> Home/Garden   | <input type="checkbox"/> Nature/Environment    | <input type="checkbox"/> Short Subject |
| <input type="checkbox"/> Children/Family | <input type="checkbox"/> Government     | <input type="checkbox"/> Informational | <input type="checkbox"/> News/Public Affairs   | <input type="checkbox"/> Sports        |
| <input type="checkbox"/> Documentary     | <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Local Event   | <input type="checkbox"/> Opinion               | <input type="checkbox"/> Talk          |
| <input type="checkbox"/> Education       | <input type="checkbox"/> History        | <input type="checkbox"/> Music         | <input type="checkbox"/> Religion/Spirituality | <input type="checkbox"/> Other _____   |

Brief Description of Program (target audience, who, what, where, when, why) \_\_\_\_\_

### Requirements:

- Program must be on a video DVD that starts automatically (no menu) unless available for download through sources pre-approved by AF-TV
- DVD must be clearly labeled with producer, program title (and episode name and # for series) exact program length, and cue time (seconds of black), if any
- For series programs, new episodes must be provided at least monthly
- Series must be of consistent length
- Member-produced programs must include the required Public Access Disclaimers
- Programs may not contain any commercial messages or unlawful material
- Programs not picked up within 30 days of first cablecast become the property of AF-TV
- Must have a signed AF-TV Access User Agreement on file

### Please circle yes or no:

- Do you have the right to submit this program? .....Yes No
- Have you obtained the necessary releases and clearances? .....Yes No
- Does this program begin and end with at least 15 seconds of Public Access Disclaimer? .....Yes No
- Does this program contain any nudity, sexual activity, extreme violence or degradation, excessive profane language, graphic depiction of medical procedures, abuse or abusive language against groups or individuals, or other generally offensive material that may be cablecast only during Safe Harbour hours? .....Yes No
- Does this program contain more than 50% new original content produced by an AF-TV member or Framingham resident? .....Yes No
- May AF-TV webcast this video on the AF-TV website? .....Yes No

AF-TV, the Town of Framingham, and the cable operator are not responsible for the content of Public Access programming shown on the community cable channels or on AF-TV's website. The responsibility and liability for such content lies solely with the person who submits the programming and signs the Cablecast Agreement. AF-TV, the cable operator, and the Town of Framingham assume that the producer or the party who submits the programming and signs the Cablecast Agreement has obtained all necessary releases and clearances. The individual who submits the programming may be asked to furnish proof that proper releases and clearances have been obtained.

I have read this form, understand it, and agree to the policies of AF-TV. I agree to hold harmless the cable operator, the Town of Framingham, Access Framingham, its directors and employees (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material produced, cablecast, or disseminated by me infringes or violates any rights of any person or organization.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent or guardian if above is under 18: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>OFFICE USE ONLY</b>		<b>Membership Current? Yes No</b>	
ShowID _____	Scheduled ____/____/____	Approved by: _____	Date ____/____/____