CABLECAST REQUEST FORM

APPLICANT NAME:

ADDRESS:

PHONE: H **W**

NAME:

LENGTH: _____ **DATE PRODUCED:**

PRODUCER'S NAME:

1. The Applicant agrees that AACT shall have the right to refuse to cablecast any submitted programming found to be in conflict with programming guidelines.
2. The Applicant agrees that AACT shall have the sole responsibility for scheduling cablecasts of any programming submitted.
3. The Applicant agrees to obtain all necessary copyright clearances, licenses and permits as may be necessary. The Applicant further agrees, in connection with a pre-recorded program for which he/she does not hold copyright ownership, to submit a proof of distribution agreement.
4. The Applicant agrees to indemnify and hold harmless Anne Arundel County, AACT and their employees from any and all liability arising from or in connection with the content of the programming being furnished.
5. The Applicant agrees to make public disclosure of information relating to the programs creator, copyright owner, location of program creation and program funding sources.
6. It is agreed that the Applicant shall retain copyright ownership in any programming submitted to AACT for cablecast over the community access channel.
7. The Applicant hereby grants to AACT a non-exclusive license to cablecast submitted programming without limit as to frequency of such cablecasts, unless negotiated otherwise.

Date Applicant's Signature