

# Haverhill Community Television

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60 Elm Street • Haverhill, Massachusetts 01830

(978) 372-8070

Fax (978) 372-3020

## REQUEST FOR CABLECAST TIME

Name \_\_\_\_\_ Address \_\_\_\_\_

City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Group or Organization \_\_\_\_\_

Cablecast Requested:

Name of Program \_\_\_\_\_

Length of Program \_\_\_\_\_ Tape format \_\_\_\_\_

Request date and time of cablecast \_\_\_\_\_

I am thoroughly familiar with the contents of the Haverhill Community Television Rules and Procedures regarding access users.

I assume full responsibility for the content of all program material cablecast and will ensure that such program material will not violate any right of any third party.

I have obtained all approvals, clearances, licenses, etc. for the use of any program material which I cablecast, including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performers' representatives, all persons appearing in the program material, and any other approvals that may be necessary to transmit program material on Haverhill Community Television.

I indemnify and hold harmless Haverhill Community Television against any claims arising out of any use of the program material that I cablecast or any breach of this statement, including but not limited to any claims in the nature of libel, slander, invasion of privacy or publicity right, noncompliance with applicable laws and unauthorized use of copyrighted material. I understand that I may be criminally or civilly liable for performing or producing such material that is cablecast.

Brief description of program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date