



CABLECAST AGREEMENT

***** FILL OUT ALL INFORMATION *****

PROGRAM TITLE: _____

PROGRAM PRODUCER: _____

Check One:

_____ New Episode

DATE TO BE CABLECAST: _____

_____ Repeat Episode
(aired in the past year)

PROGRAM LENGTH: _____ 29:00 _____ 59:00

FORMAT: _____ DVD _____ MPEG2 - File Name: _____

(Title_Month_Date.mpg)

Please use this program as a "CMPAC REWIND" following this airing.

This program contains material of a mature nature (not suitable for young viewers): _____ Yes _____ No
(Must be aired after 11 PM and before 6 AM.)

This agreement is between Charlotte Mecklenburg Public Access Corporation and the Producer named on this form, to cablecast the attached program on a Public Access Channel.

I, the Producer of this program, by signing this form, do hereby indemnify and save harmless, The Charlotte Mecklenburg Public Access Corporation from any and all liability, loss, damage, expense, cause of action, suits, claims or judgments, including attorney fees arising out of, connected with, or resulting from the cablecasting of the above named and attached program.

I, the sole owner of this program, do hereby grant permission to the Charlotte Mecklenburg Public Access Corporation to cablecast the above named and attached program. I have obtained all necessary written authorizations for use of any material contained in this program for which I do not hold the copyright.

I, by signing this form, do hereby attest that all the information entered herein is true and correct, and that the program delivered will adhere to all rules and regulations in effect at the time of signing, and that the program is my personal creation, except as noted above.

Producer Signature

Date

******* CMPAC USE ONLY *******

No issues or violations.

Notes: _____

Signature of CMPAC Staff

Date