CABLECAST AGREEMENT

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

***Office Use Only ***

PROGRAM TITLE: _____

PRODUCER NAME: _____

AIRDATE:

_____/_____/_____

Episode: _____ New

_____ Repeat

Length: _____ 29:00

_____ 59:00

File Name:

_____

(ShowName_Month_Date)

Include this program as part of:

☐ CMPAC Rewind (Second airing to fill schedule gaps)

☐ Video On Demand (Available through the website)

This program contains material of a mature nature (not suitable for young viewers):

_____ Yes* _____ No

** Must be aired between 11 PM and 6 AM*

- (fold here) -

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, and have attached copies of all authorizations.

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