



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

REQUEST TO CABLECAST PROGRAMMING ON LCATV

March 1, 1998 (Revisions Adopted October 27, 2009)

All persons wishing to have programming aired on LCATV must complete and sign Parts I, II and III of this form. If the producer of the program is a minor, Part IV of this form must also be completed and signed by the producer's legal guardian. If the producer of the program does not live, work, or attend school in one of LCATV's member communities, Part V of this form must be completed and signed by someone who does meet this criteria (a local sponsor). Please contact LCATV with questions regarding this form.

PART I- PRODUCER INFORMATION

1) Name:

2) Address:

3) Daytime phone number:

4) Evening phone number:

5) E-mail:

PART II- PROGRAM INFORMATION

1) Title of program:

2) Brief (2 sentences) description of the program:

3) Approximate running time:

4) Web URL to be associated with the program: <http://>

5) Series program or one-time event?

If a series program, will it be produced

a) weekly	and will it be	a) year round
b) bi-weekly		b) limited run
c) monthly		

6) Do we have permission to sell copies of this program in response to public inquiry? YES NO

If not, who should the public contact copies?

Name:

Address:

Phone:

7) Would you like this program to be available for online viewing at www.lcatv.org (applies to locally produced programming only)? YES NO

8) Does this program contain the following (circle all that apply):
Nudity. Profanity. Violence. Adult language. Adult content. Illegal activity.
(LCATV will provide a viewer advisory at the beginning of programs containing such content.)

9) Is this program indecent, profane or obscene as defined by contemporary community standards?
(circle all that apply): Indecent. Profane. Obscene
(If the program is indecent or profane, LCATV will air the program only between 1 a.m. and 6 a.m. If the program is obscene, LCATV will not air the program.)

10) Requested air days and times:
Does this program have a deadline for airing (if so, what)?
(LCATV cannot guarantee requested air days/times but will attempt to air the program at a day/time most appropriate for the program and our viewers.)

PART III- RELEASE FROM LIABILITY

I, _____, certify that the program detailed in Part II of this form complies with all LCATV policies, as well as the following criteria:

- 1) The program does not contain obscene material.
- 2) The program does not include information about or promotion of any form of gambling, raffle, lottery, or other games of chance for other than non-profit organizations.
- 3) Written permission has been obtained from the holder of any copyrighted material contained within the program.

I also release the following individuals/organizations from any responsibility for program content:

- 1) Comcast Cable, its employees and affiliates
- 2) Lake Champlain Access Television
- 3) The LCATV Board of Directors
- 4) The LCATV Staff
- 5) Other community volunteers

I recognize that failure to complete and comply with this request form could result in the immediate discontinuation of the program as well as suspension of my access privileges upon Board decision and hereby certify that all information included in this form is accurate and complete.

Signature of Producer:

Date:

PART IV- PROGRAMMING PRODUCED BY A MINOR

As legal guardian of the producer of the program listed on this form, I hereby accept full responsibility for the program's content. I have read all relevant LCATV policies and Part III of this form and certify that this program complies fully with the obligations and responsibilities outlined in these documents. I authorize LCATV to cablecast this program.

Name of guardian:

Signature of guardian:

Date:

Address:

Phone:

PART V- NON-LOCALLY PRODUCED PROGRAMMING

I hereby certify that I live, work, or attend school in an LCATV member community* and am requesting that LCATV cablecasts the non-locally produced program detailed in Part II of this form. I accept full responsibility for the content of this program and understand that my name will be listed in the titles as the program's local sponsor.

Name of local sponsor:

Signature local sponsor:

Date:

Address:

Phone:

****Member communities include Colchester, Milton, Georgia, Fairfax, Westford, South Hero, Grand Isle, and North Hero, VT.***