

MERRIMACK COMMUNITY TELEVISION CABLECAST REQUEST FORM

Producer's Name: _____ Phone: _____

Program Title: _____

Subject of Program: _____

Type: Regular Series Limited Series One-Time Special

Frequency: Monthly Bi-Weekly Weekly Other: _____

Requested Air Date(s): _____

Do Not Air After: _____

Pre-Roll Length: _____ Program Length: _____

Possible Controversial Content:

(please check all that apply and provide a description on the lines provided below.)

- | | |
|---|--|
| <input type="checkbox"/> Language | <input type="checkbox"/> Adult Content |
| <input type="checkbox"/> Libel or Slander | <input type="checkbox"/> Nudity |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Copyright |

NOTE: Certain types of content must be shown during certain hours and require a disclaimer.

In consideration of Merrimack Community Television permitting the cablecast of this program, the undersigned agrees that he/she:

- Is familiar with the nature of the program material and accepts full responsibility for the program content submitted;
- Has obtained the necessary releases, licenses, and any other permissions necessary to cablecast this program and will provide such upon request;
- Releases MCTV, the Merrimack Cable TV Advisory Committee, the Town of Merrimack, and any of its employees and officers, to indemnify and hold them harmless from all claims for damage, loss or theft of this program while in their custody; and
- Is familiar with and agrees to abide by all MCTV policies and procedures.

Producer's Signature: _____ Date: _____

(Signature of Producer, if 18 or older, or Parent/Guardian, if Producer is under 18)