



CHANNEL REQUEST FORM

1. I have read, am thoroughly familiar, and responsible for the contents of the Valley Shore Community Television Inc. (VSCTV) Policies and Procedures Manual.
2. If I am the Producer, I will be responsible for the content of program material to be recorded and/or cablecast and agree that such program material will not include:
 - a. Any obscene material
 - b. Any lottery or lottery information, except where exempted under these rules
 - c. Any advertising, as outlined in the VSCTV Policies and Procedures Manual
 - d. Any direct or indirect solicitation of money, except where exempted under these rules
 - e. Any material which constitutes libel, slander, invasion of privacy or publicity rights, violation of trademark or copyright, or which might violate any local, state, or federal law
3. I acknowledge that the Producer or Program Sponsor is responsible for obtaining all approvals, clearances, licenses, etc. for the use of those program materials; including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives, persons appearing in the program material and any other approvals that might be necessary in order to cablecast the program on VSCTV.
4. I indemnify and hold VSCTV harmless against any claims arising out of any use of the program material that I cablecast or any breach of this Access User Agreement; including, but not limited to, any claims in the nature of libel, slander, invasion of privacy, or publicity rights, noncompliance with applicable laws and unauthorized use of copyrighted material.
5. I agree that I shall not represent myself or any other person involved in programming as an employee, representative, or agent of VSCTV, unless specifically authorized by VSCTV to do so.
6. I shall not use VSCTV channels, equipment, or facilities for any financial gain or other commercial purposes. I understand that programming produced with VSCTV's equipment or facilities shall be for the benefit of the community.
7. I understand that violation of the terms of this statement is grounds for forfeiture of the right to use VSCTV equipment, facilities or channel time.

PRODUCER/PROGRAM SPONSOR

Name:	
Full Address (Street, Town, & Zip):	
Email:	
Primary Phone Number:	
Alternate Phone Number:	
Organization & Non-Profit ID #:	
Organization Address:	
Program Title:	
Program Description:	
Program Length:	
Program Frequency:	SPECIAL [] WEEKLY [] BIWEEKLY [] MONTHLY []
Preferred Broadcast Timeslot: (Day & Time)	
Second Choice Timeslot: (Day & Time)	
PLEASE NOTE:	Timeslots are subject to availability.
SIGNED (if under 18, must be signed by a parent or legal guardian)	
DATE	

STAFF USE ONLY

Proof of Address:	ID [] DL [] Utility Bill [] Other [] _____
Approved By:	
SIGNED	
DATE	