

When complete, this form must be mailed to:
Administrator
Ayer Public Access Corporation
P.O. Box 220
Ayer, MA 01432
or e-mailed to ayerpac@gmail.com

Program Request Form

Ayer Public Access Corporation

(For requesting inclusion of an existing video or program of videos in the APAC cablecasting schedule)

Channel Time Request / Producer's Indemnification Form

Name of Program _____

If not produced by APAC, what is the name of organization or person who produced the program?

NAME: _____ (If an organization, please provide a contact person) _____

PHONE: _____ E-MAIL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Sponsor:

(If not produced at APAC, the program or video must be sponsored by an Ayer resident.)

NAME: _____ HOME PHONE: _____

CELL PHONE _____ E-MAIL _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Program Details

PROGRAM TITLE: _____

DESCRIPTION _____

IS THIS A BRAND NEW SHOW? _____ IF NOT, WHEN WAS FIRST AIRED? ____/____/____

PROGRAM LENGTH: (hours) ____ (minutes) ____ (seconds) ____ LIVE OR TAPED? _____

(Two-week minimum prior notice is required for all live shows)

Labeling information

(Video tapes and DVD disks must be labeled with the following information)

TITLE, AND PROGRAM # IF SERIES: _____ PRODUCER'S NAME: _____

EXACT LENGTH OF PROGRAM: _____ AUDIO CHANNEL: _____

DOES THE MEDIA (TAPE, FILE, OR DISC) INCLUDE: COLORBARS? ____ SLATE? ____ COUNTDOWN? ____

BLACK (At beginning or end?) _____

Cablecasting

(Keeping in mind your target audience and program content, what are the best days and times to cablecast this program? If the program contains material inappropriate for young viewers, you are urged to begin with a warning advising viewer discretion and self-select cablecast times after 11:00 PM.)

DOES THIS PROGRAM CONTAIN MATERIAL INAPPROPRIATE FOR YOUNG VIEWERS ? _____

SUGGESTED PLAY TIMES: MORNINGS / AFTERNOONS (7AM - 6PM) EVENINGS (6PM -11 PM)

1st Choice: Day _____ Time _____

2nd Choice: Day _____ Time _____

3rd Choice: Day _____ Time _____

DATE WHEN APAC STOPS CABLECASTING THIS SHOW ____/____/____

Indemnification

I understand that I am fully responsible for the content of all the aforementioned program material.

This responsibility refers to:

- A.) Obtaining all necessary clearances and releases in writing from any and all individuals, organizations, and groups whose appearance or material is videotaped and/or cablecast, and all other approvals as may be needed.
- B.) Presenting material that is in good taste and does not constitute libel, slander, obscenity, or indecency, invasion of privacy or public rights, unfair competition, lotteries, or information concerning lotteries, infringement of copyright, or unauthorized use of trademarks, trade names, or service marks, or any violation of state or federal law.

I further understand that the presentation of any commercial advertising material designed to promote the sale of products or services, including advertising or promotional material by or on behalf of a candidate for public office, is prohibited unless previously arranged in accordance with APAC policy.

I understand that I am responsible for , and agree to indemnify and hold harmless, APAC, the Town of Ayer, and their officers, directors, agents, and employees for any liability, loss, claim, or injury, damage or cost (including reasonable attorney's fees) arising from the cablecasting of this program on APAC's public access channel; including, but not limited to claims concerning libel, slander, obscenity, or indecency, invasion of privacy or public rights, unauthorized use of copyrighted material, trademarks, trade names, or service marks, breach of contractual or other obligations owing to third parties, or non-compliance with any applicable laws, rules, or regulations of local, state, or federal authorities. Further, I agree to release APAC, its officers, directors, agents, and employees from responsibilities if this program material is damaged, lost or stolen while in their custody.

I understand that my program must meet technical standards necessary for the proper cablecasting of pictures and sound, and that the judgment of APAC staff and/or board of directors shall be final with respect to the scheduling and cablecasting of the submitted program.

PRODUCER'S SIGNATURE: _____ DATE: ____/____/____

SPONSOR'S SIGNATURE: _____ DATE: ____/____/____

(Sponsor's Signature needed for "Bicycled" tapes that make the rounds of several studios)

(Shows will not be televised unless signed & correctly completed on both pages)

THIS SECTION FOR APAC STAFF USE ONLY

APPROVED FOR CABLECAST ? Yes _____ No _____

STATE REASON IF NOT APPROVED: _____

STAFF SIGNATURE: _____ DATE: ____/____/____

FIRST CABLECAST DATE: ____/____/____