

CHARLOTTE MECKLENBURG PUBLIC ACCESS CABLECAST AGREEMENT

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

PROGRAM TITLE: _____

PROGRAM PRODUCER: _____

Check One:

_____ New Episode DATE TO BE CABLECAST: _____

_____ Repeat Episode LENGTH: _____ 29:00 _____ 59:00

FORMAT: _____ MiniDV _____ DVCAM _____ DVD _____ MPEG2*

*File Name: _____

Please use this program as a "CMPAC REWIND" following this airing.

THIS PROGRAM CONTAINS MATERIAL OF A MATURE NATURE: _____ Yes _____ No
(Programs with mature content will air between 11 PM and 6 AM.)

This program contains the following material to which I do not own the copyright: _____

Permission from the owner(s) of this material is attached to this form.

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 cable casting 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 cable cast the above named and attached program.

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