



BROADCAST RELEASE FORM

NAME _____ PROGRAM TITLE _____

ADDRESS _____

E-MAIL _____ PHONE _____

1. I am thoroughly familiar with the nature of the submitted program material and accept full responsibility for its content.
2. I understand the State of Massachusetts has implemented the following concerning programs submitted for cablecast on public access channels:
 - a. Programs must be noncommercial
 - b. There can be no lottery or games of chance
 - c. Programs must conform to laws regarding obscenity and pornography
 - d. Candidates for political office may not solicit funds
3. I acknowledge that it is my responsibility to obtain all necessary clearances and permissions from any organizations, individuals and groups as may be required to film and/or cablecast material on the public access channel managed by WCA-TV.
4. I agree to indemnify and hold WCA-TV staff and Board of Directors harmless from any liability or damages (including reasonable attorney's fees) arising from or in connection with the claims or causes of action for failure to comply with any applicable federal, state or local laws, rules or regulations or claims or causes of action for slander, libel, commercial disparagement or unfair trade practices, defamation of character, infringement of privacy or publicity rights, copyright, musical performing rights, unauthorized use of trademark trade name or service mark or any other liberty, dramatic or contractual right of any person; for breach of the operating procedures: and for any other injury or damage in law or equity, with claims which result from my utilization of the public access channels managed by WCA-TV.
5. In the case of a series, this Broadcast Release Form is valid for a maximum of **twelve** weeks. I understand that in order to extend a series beyond twelve weeks, I must sign a new Broadcast Release Form and request a time slot different from the one assigned for the first twelve weeks.
6. I agree to comply with and be bound by the Policies and Procedures of the Watertown Cable Access Corporation.

SIGNATURE _____ DATE _____