



VIDEO SUBMISSION FORM

Please fill out form and return to Derek Frates, Director of Cable Access
DFrates@fairhaven-ma.gov

PROGRAM TITLE: _____

CONTACT PERSON: _____

ADDRESS _____

PHONE: _____ **EMAIL:** _____

FAIRHAVEN RESIDENT SPONSOR (IF DIFFERENT THAN CONTACT PERSON):

ADDRESS _____

PHONE: _____ **EMAIL:** _____

TYPE OF PROGRAM: SINGLE PROGRAM _____ **(TO AIR FOR ONE MONTH)**

LENGTH OF SHOW: _____

SERIES: WEEKLY _____ **BI-WEEKLY** _____ **MONTHLY** _____

DESCRIPTION OF PROGRAM: _____

Does this program contain materials which may be inappropriate for young viewers? ____ Yes ____ No
If yes, this program will cablecast after 12:00 am and conclude by 5:00 am

All programs must also meet the requirements outlined in the operating rules and regulations.

I, the undersigned, represent to **Fairhaven Community Media** that the above program meets the criteria for access programming defined in the operating rules and regulations. The above material submitted by me contains none of the following:

1. Any material which is libelous or slanderous;
2. Any material that is obscene or incites violence;
3. Any material that is commercial in nature;
4. Any material which is intended to defraud the viewer, or is designed to obtain money by false or fraudulent pretenses;
5. Any material which provides any advertising of (or information concerning) any lottery, gift enterprise, or similar game or enterprise offering prizes dependent, in whole or in part, upon lot or chance; or any list of prizes drawn or awarded by means of such a lottery, gift enterprise, or scheme, whether said list contains any part or all of such prizes;
6. Any unauthorized use of copyrighted material or publicity rights, and invasion of property; or
7. Any material in violation of FCC regulations or which violates local, state, or federal law.

I understand that I own the copyright, if any, to the program and am solely responsible for its content. I agree to indemnify and hold harmless **Fairhaven Community Media/Town of Fairhaven**, (including its officials, employees and agents), the Town of Fairhaven, and Comcast from any and all claims, demands, damages, or other liabilities which may be made against any of said indemnities or arise as a result of cablecasting the program submitted by me whether or not the program has been reviewed by **Fairhaven Community Media** prior to cablecast.

SIGNATURE: _____ **DATE:** _____

STAFF APPROVAL: _____ **DATE:** _____

(STAFF ONLY)

DAY: _____ **TIME:** _____

FIRST AIR DATE: _____