



Amherst Community Access Television Cablecast Request Form

Producers Name:

Phone:

Program Title:

Subject of Program:

Type:

☐

Regular Series

☐

Limited Series

☐

One-Time Special

Frequency:

☐

Monthly

☐

Bi-Weekly

☐

Weekly

☐

Other

Requested Air Date(s):

☐ **DV Tape**

☐ **Mini-DV**

☐ **VHS Tape**

☐ **DVD**

Do Not Air After:

Program Length:

Pre-roll time

Possible Controversial Content:

(please check all that apply and provide a description on the lines provided below.)

☐

Language

☐

Adult Content

☐

Libel or Slander

☐

Nudity

☐

Violence

☐

Copyright

NOTE: Certain types of content must be shown during certain hours and require a disclaimer.

In consideration of Amherst Community Access Television permitting the cablecast of this program, the undersigned agrees that he/she:

- ☒ Is familiar with the nature of the program material and accepts full responsibility for the program content submitted
- ☒ Has obtained the necessary releases, licenses, and any other permissions necessary to cablecast this program and will provide such upon request
- ☒ Releases ACAT, the Amherst Communications Infrastructure Committee, the Town of Amherst, and any of its employees and officers, to indemnify and hold them harmless from all claims for damage, loss or theft of this program while in their custody
- ☒ Is familiar with and agrees to abide by all ACAT policies and procedures

Producers Signature

Date:

(Signature of Producer, if 18 or older, or Parent/Guardian, if Producer is under 18)