

**Valley Access Channels
Release Form and Application
Cablecast of Public Access Programs
Single and/or Series
Online Application**

Name of Producer _____

Organization _____ **Phone** _____

Series Title _____

Produced: Location _____ **Format:** _____

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For Staff to schedule your show appropriately please check all that apply.

Adult Language _____ **Nudity** _____ **Sexual Content** _____

Violence _____ **Mature Content** _____ **Other** _____

This form must be filled out completely and truthfully before a program will be scheduled. Misrepresenting your program will result in the program not being scheduled and may result in a suspension of access privileges. I understand that this form covers all programs I may submit to Valley Access Channels and that all programs will comply with VAC policies and guidelines.

Your Signature: _____ **Date:** _____

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For Staff Use Only

Staff Initial: _____ **Date Received** _____

Notes:

STATEMENT OF COMPLIANCE

Statement of Compliance

In consideration for permission, use and access to the replay of programs on the cable system in the St. Croix Valley Area, I hereby make the following representations, agreements and releases:

When First submitting a series, at least 4 programs must be submitted before the series can start. Once series timeslot is active, a minimum of 1 program per month must be submitted to retain series timeslot.

Series times will be determined by the Access Manager and the Program Producer. Open slots will be given to series on a first come basis and the program can retain the slot if at least 1 new program is submitted per month.

I certify that no advertising material, sexually explicit conduct, or material soliciting or promoting lottery, gambling, obscene and/or sexually explicit material or material soliciting unlawful conduct (as those terms defined or interpreted under applicable FCC regulations and community standards), or indecent, slanderous or libelous material is contained in this program. I request that this program be shown on a Valley Access Channels cable access channel. I authorize the subsequent replay of this program at the discretion of the Access Center Staff and/or the Central St. Croix Valley Cable Commission. I also allow Valley Access Channels, at its discretion, to use clips or scenes from submitted programs for the purpose of promotion of Valley Access Channels and its programs.

I certify that I have obtained any and all clearances for the cablecast of this program from broadcast stations, networks, sponsors, music and film licensing organizations, performers, representatives, authors, composers and all other license or copyright holders for any content contained in the program. I understand I accept full responsibility for all liabilities arising from the illegal use of licensed and/or copy written materials.

I hereby indemnify and hold harmless Valley Access Channels and the access facility, the Central St. Croix Valley Cable Commission, the access facility and staff, respective officers, directors, managers, agents and representatives from any and all liability, damage, injury and judgments arising from the cablecast, playback or production of any programming or any other claim as set forth in the access center policies.

I am familiar with the public access rules and policies of Valley Access Channels and the access facility; I have read the rules and understand the requirements contained within the rules. I agree to comply with all of these rules and procedures surrounding the treatment of programming which violates the operating rules. I hereby authorize Valley Access Channels to remove any of my programming, which violates the operating rules. I further attest that I have truthfully filled out this statement.

Producers Signature

Date

Print Name _____

Organization _____

Address _____

Phone: (H) _____

(W) _____