



APPLICATION FOR CABLECAST & STATEMENT OF COMPLIANCE

OFFICE USE ONLY	
Tape #	
Prog # 1	
Prog # 2	
Type	

UPDATED: 12/04

PLEASE NOTE: THIS FORM MUST ACCOMPANY *EACH* TAPE SUBMITTED.
PLEASE COMPLETE ALL AREAS IN THIS FORM.
INCOMPLETE FORMS MAY RESULT IN A DELAY OF PROGRAMMING FOR THIS TAPE.

Producers Name (PLEASE PRINT): _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Alternate Phone:** _____ **Email:** _____

Are you a "resident" of Farmington, Farmington Hills, or Novi? Yes, Qualify by: Work / Own Property/Business / Organization
("Resident as Defined in the SWOCC Studios Policy Book")

If No, "Resident's" Name: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Alternate Phone:** _____ **Email:** _____

Name of Project/Show: _____

Description: _____

PROGRAM(S)	**ALL PROGRAMS SUBMITTED FOR CABLECAST MUST BE LISTED BELOW			
Tape Contains (circle):	Single Program	Multiple Programs	PSA	Promo
1st (or only) Program/Cut: Playback:	Title: _____ Total Running Time* : _____ Series?: _____ _____ Run This Program as an independent program _____ Run this program before/after <i>2nd Program/Cut (below)</i> : _____			
2nd Program/Cut: Playback:	Title: _____ Total Running Time* : _____ Series?: _____ _____ Run This Program as an independent program _____ Run this program before/after <i>1st Program/Cut</i> : _____			

Multiple Programs: attach extra sheet with the above info for more than 2 programs on a single submitted tape

*** NOTE: DO NOT ESTIMATE TOTAL RUNNING TIME. DO NOT INCLUDE BARS, SLATE, OR COUNTDOWN AS PART OF THE TOTAL RUNNING TIME. RUNNING TIME MUST BE EXACT, IN THE FORM OF H:MM:SS, OR PLAYBACK OF YOUR PROGRAM MAY BE DELAYED OR ABORTED**

PLAYBACK	
Dated Material? 	<p>_____ NO SWOCC Studios can play this program starting on (date): _____</p> <p>_____ Recycle in Future Programming for (months): _____</p> <p>_____ Not dated but stop playing after (date): _____</p> <hr/> <p>_____ YES SWOCC Studios can play this program starting on (date): _____</p> <p>Please Pull from Program Schedule on (date): _____</p> <p>Notes: _____</p>

Preferences

**My program or series doesn't have a regular time slot.
My preferences for playback of this program are:**

1st Choice: Day: _____ Time: _____
2nd Choice: Day: _____ Time: _____
3rd Choice: Day: _____ Time: _____

**This program contains mature content intended for adult audiences only.
Please cablecast my program after 10pm.**

Producers cannot cablecast programs with commercial advertising. Refer to SWOCC Studios Access Policy Handbook for details.

This program contains underwriting

Underwriter: _____ Services Provided: _____
Underwriter: _____ Services Provided: _____

1. I have read and am thoroughly familiar with the contents of SWOCC Community Access Rules, Policies and Procedures.
2. I am thoroughly familiar with the contents of the program material to be taped and/or cablecast and agree that it will comply with the SWOCC policies with regard to cable programming. Also it will not contain:
 - a. Obscene material.
 - b. Commercial advertising.
 - c. Any lottery, or any advertisement or information concerning any lottery.
 - d. Any promotional material concerning products or services presented for the purpose of any solicitation of money or other things of value, unless specifically exempted under the terms of this document.
 - e. Any material which constitutes libel, slander, invasion of privacy or publicity rights, unfair competition, violation of trademark or copyright, or which may violate any local, state or Federal law.
3. I assume full responsibility for the content of all program material cablecast and will ensure that such program material will not violate any right of any third party.
4. I have obtained or, before this program material is cablecast, I will obtain, all approvals, clearances, licenses, etc. for the use of any program materials which I cablecast, INCLUDING BUT NOT LIMITED TO approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performers' representatives, all persons appearing in or referred to in the program material, and any other approvals that may be necessary to transmit program materials over the INFO TV-12 cable channel in the Farmington, Farmington Hills and Novi area.
5. I indemnify and hold harmless SWOCC, its directors, officers and staff, and Bright House, against any claims arising out of any use of this program material that is cablecast or any breach of this Statement of Compliance, INCLUDING BUT NOT LIMITED TO any claims in the name of libel, slander, invasion of privacy or publicity right, noncompliance with applicable laws and authorized use of copyrighted material. I understand that I may be criminally or civilly liable for performing or producing such material that is cablecast.
6. I agree that I shall not represent myself or any other person involved in community access cablecast or productions as an employee, representative or agent of SWOCC, INFO TV-12, or Bright House Cable, or the cities of Farmington, Farmington Hills, or Novi.
7. I shall not use SWOCC or Bright House channels, equipment, or facilities for any financial gain or other commercial purposes. I understand that programming produced with INFO TV-12 equipment or facilities MUST appear on the INFO TV-12 public access channel.
8. I have obtained, or have made all reasonable efforts to obtain, signed Release forms from all individuals appearing on my program. I hereby agree to indemnify and hold SWOCC harmless against any and all claims arising out of the use of the image and/or voice of any individual from whom no Release was obtained.
9. I understand that false or misleading statements made in this application are grounds for forfeiture of the right to use INFO TV-12 public access equipment or facilities.
10. I understand that this form will be on file at SWOCC and available for public inspection.
11. I understand that this tape will be programmed based on information provided on this form. Any inconsistencies may result in aborted playback.

PLEASE SIGN IN PRESENCE OF SWOCC STAFF (ORIGINAL SIGNATURES ONLY – NO COPIES)

Resident Signature: _____ Date: _____

Print Name: _____

SWOCC Signature _____ Date: _____

SWOCC STAFF: Make sure (1) entire form is filled out, (2) both tape and case are labeled completely, and (3) that signature is original.