



CHANNEL REQUEST FORM

1. I have read, am thoroughly familiar, and responsible for the contents of the LCTV PEG Access Operating Procedures.
2. As the Producer or Program Sponsor, I am responsible for the content of the program material requested to be cablecast by me and agree that such program material will not include:
 - a. any obscene material;
 - b. any lottery or lottery information, except where exempted under these rules;
 - c. any advertising
 - d. any direct or indirect solicitation of money, except where exempted under these rules;
 - e. any material which constitutes libel, slander, invasion of privacy or publicity rights, violation of trademark or copyright, or which might violate any local, state or federal law.
3. I acknowledge that as the Producer or Program Sponsor I am responsible for obtaining all approvals, clearances, licenses, etc. for the use of program materials; including, but not limited to, approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performer's representatives, persons appearing in the program material and any other approvals that might be necessary in order to cablecast the program on LCTV.
4. I indemnify and hold LCTV harmless against any claims arising out of any use of the program material that I cablecast or any breach of this Channel Request Form; including, but not limited to, any claims in the nature of libel, slander, invasion of privacy or publicity rights, noncompliance with applicable laws and unauthorized use of copyrighted material.
5. I agree that I shall not represent myself or any other person involved in programming as an employee, representative, or agent of LCTV, unless specifically authorized by LCTV to do so.
6. I shall not use LCTV channels for any financial gain or other commercial purposes.
7. I understand that violation of the terms of this statement is grounds for forfeiture of the right to use LCTV channel time.

Producer / Program Sponsor (Please print, sign and return with proof of address)		
Print Full Name:		
Full Address: Street, Town & Zip:		
Email (if applicable):		
Primary Phone Number:		
Alternate Phone Number (if applicable):		
Organization & Non Profit ID # (if applicable):		
Organization Address: Street, Town & Zip:		
Program Title:		
Program Description:		
Program Length:		
Circle One:	<input type="checkbox"/> <i>Special</i> <input type="checkbox"/> <i>Weekly Series</i> <input type="checkbox"/> <i>Biweekly</i> <input type="checkbox"/> <i>Monthly</i>	
Please Indicate Two Choices of Preferred Days and Times for Program Airing (subject to availability)		
First Choice (day and time):		
Second Choice (day and time):		
SIGNED (if under 18, must be signed by a parent or legal guardian)		Date:
I grant permission to LCTV to make copies of my show(s) for interested parties. (initial or sign)		