

Series Cablecast Request

Project ID #	Project Title			
Season Requested (check one) ☐ January – June ☐ July – December		Please write a brief project description on the reverse of this form. No more than 120 characters, please!		
Frequency Requested (check one) Weekly Bi-Weekly Monthly Planned Length 13m30s 28m30s 43m30s 58m30s Other:				
☐ Yes. Please email this season's schedule to:				
Programming submitted under this Cablecast Request must meet TVCTV's technical standards. Programming that does not meet the requirements will be returned. An Individual Episode Programming Data Form must accompany each program submitted under this Cablecast Request. Programs containing objectionable material must follow the appropriate sections of the TVCTV Producer Policies & Procedures Manual .				
Media submitted will be processed by TVCTV's staff and is not available to you for modification in any way.				
LEGAL REQUIREMENTS				
As the Producer / Sponsor, I hereby acknowledge that:				
 I have read and understand the TVCTV Producer Policies & Procedures; I am liable for all program content on any programs submitted under this request; I agree to defend, hold harmless and indemnify MACC/TVCTV on any and all claims, damages and costs that arise from the cablecast of programs submitted under this request; I have obtained all necessary releases (i.e., talent, music, etc.) and clearances for the cablecast of the material; I am thoroughly familiar with the contents of each program to be cablecast under this request and agree that it will not contain: Any advertising or material that promotes a commercial product, service, or lottery Any unlawful use of copyrighted material Any material that is libelous, slanderous, or other defamation of character, or material that is an unlawful invasion of privacy Any material that violates local, state or federal laws relating to obscenity Any material that violates local, state or federal laws/regulations, or TVCTV policies I have read and understood the policies and procedures of Tualatin Valley Community TV and have complied				
with the legal, technical, and procedural requirements, as stated therein, as well as the additional policies listed on this form.				
Name (Print) Member ID		ŧ	1	Date (MM-DD-YY)
Signature Notes or C		omment		
TVCTV use only				