



Somerset Access Television, Inc.
274 Main St.
Somerset, MA 02726
508-673-0663
somersetaccessstv.org

Broadcast Agreement

- 1. I have read and I am thoroughly familiar with the contents of the Somerset Access Television operating rules.
2. As the program producer, I will be responsible for the content of the program material to be taped and/or cablecast by me and agree that such program will not include,
a. any obscene or profane material;
b. any lottery or lottery information;
c. any advertising
d. any direct or indirect solicitation of money, except where exempted under special rules
e. any material which constitutes libel, slander, and 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 the producer is responsible for obtaining approvals, clearances, licenses, etc. for the use of those 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 SATV.
4. I indemnify and hold SATV harmless against any claims arising out of any use of the program material that I cablecast or any breach of this Access User Agreement; 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 the programming as an employee, representative, or agent of SATV, unless specifically authorized by SATV to do so.
6. I shall not use SATV's channels, equipment, or facilities 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 SATV's equipment, facilities, or channel time.

Participant: (Please Print) _____

Full Address: _____

Home Phone: _____ Work Phone or Cell: _____

Email: _____

Signature: _____ Date: _____

Signature of Parent or Guardian of a Minor: _____

Name of Program: _____ Length: _____

For Office Use Only

Play Dates for Program: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Grid for play dates with blank lines for each day of the week.