

Community TV Channel Playback Application

Chaska Community Television, One City Hall Plaza, Chaska, MN 55318 Voice.952.448-7731 FAX.952.448.9300

Please print all information, completing all boxed blanks

Series Name:

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Program #: Title:

Length:

Program #	Title	Length

Scheduling request

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___ Some program content may not be suitable for children. This program should be played during adult program hours.

___ This (these) program(s) may be excerpted as examples to promote Community TV programming.

Received _____ Timed _____ Formatted _____ Previewed _____ Labeled _____

Scheduled _____

Statement of Responsibilities & Compliance:

In submitting this program, I acknowledge my responsibility for program content of this videotape and I acknowledge that:

1. No lottery information, obscenity (by community standards), advertising/solicitation of funds, or misinformation is allowed in Community TV programming.
2. Applicants submitting programming for Community TV accept all responsibility for real or perceived copyright violations.
3. A person submitting programming agrees to accept Community TV's programming guidelines. A copy of the guidelines is available upon request.
4. The program is not for commercial purposes.
5. I accept responsibility for all claims arising out of the cablecasting of the program I am presenting and agree to indemnify and hold harmless Community TV, its directors, officers and staff, the City of Chaska, its Commissioners and staff against any such claims arising out of the program I am presenting or any breach of this statement of compliance.
6. If playback applicant is under 18 years old, an application must be completed by his/her parent or legal guardian, for responsibility and compliance.
7. An eligible applicant who doesn't live in Chaska, MN must complete and submit a non-resident eligibility form.

Please print all information, completing all boxed blanks

Applicant Name:

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Address:

Zip Code:

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Home Phone:

Work Phone:

Organization:

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Applicant Signature:

Today's Date:

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