

Wellesley Media Corporation Cable Cast Request Form

Date: _____

Program Title: _____

Producer of Program: _____

Program Type:

Feature Monthly Weekly Quarterly Other

Does this program contain material that is inappropriate for children? _____

I _____ am requesting that my program entitled
_____ be cablecast on channel _____

in Wellesley. I understand that Wellesley Media Corporation staff will allocate cablecast times at their discretion based on availability and any program blocking or other scheduling strategies they have in place. I also understand that my program may be pre-empted at the discretion of staff should this become necessary.

If this is a series program, I understand that my cablecast time slots will be reviewed every three months and may be changed at the discretion of staff based on availability, any program blocking or other programming strategies. A staff member will notify me prior to any schedule changes.

I agree to supply Wellesley Media Corporation with new episodes in any series programming based on the rules and procedures. If I do not provide new episodes by the required time I am aware that I may lose my series cablecast slot.

I have obtained all of the necessary talent release forms, copyright clearances, and any other written permission required for cablecast of this program.

As producer of record for the program named above I agree to accept full responsibility for the content of this program. I also agree to indemnify The Wellesley Media Corporation, all of it's officers, directors, and staff, and The Town of Wellesley from any and all liabilities that may arise from the cablecast of the program listed above in Wellesley.

Signature of Member

Date