



ATKINSON COMMUNITY TELEVISION  
CABLE CHANNEL 20

## **Cablecast Agreement**

I the public access producer (user) have read and understand all policies and guidelines as regards cablecast procedure and submit this signed Cablecast Agreement two (2) weeks prior to the cablecast date of my program(s). I the public access producer (user) shall bear sole responsibility for the content of my cablecast program(s), live or videotaped. In recognition of the fact that ACTV-20 has no control over the content of my cablecast program(s), other than those set out in the ACTV-20 Policies and Guidelines, I agree to indemnify and hold ACTV-20, the Atkinson Cable Advisory Commission, the Board of Selectmen, the Town of Atkinson, NH and its agents and representatives, and Comcast harmless from any and all liability or other injury (including reasonable costs of defending claims or litigation) arising from or in conjunction with claims for failure to comply with any and all applicable laws, rules, regulations, or other requirements of local, state, or federal authorities for claims of libel, slander, invasion of privacy, infringement of common law or statutory copyright, for breach of contractual or other obligations owing to third parties, and for any other injury or damage in law or equity which claims may result from user's use of ACTV-20.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Program Title: \_\_\_\_\_

Scheduled Air Date: \_\_\_\_\_ Time: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_