

SCTV SCITUATE COMMUNITY TELEVISION

Program Submission Form



This entire submission form must be completed in order for any programming to be considered for broadcast on SCTV:

Date: _____

Name: _____

Phone: _____

Address: _____

Organization: _____

Organization Address: _____

Program Title: _____

Program Description: _____

Single Program Series: ____ Weekly Series: ____

Monthly ____

All DVD's submitted must be labeled with the following information:

Title of Program & Program# (if series) _____

Exact Running Time (this is required) _____

In-Time (this is required) _____

All Applicants must read the following before signing:

Does this program contain materials which may be inappropriate for young viewers and therefore requires an assigned time slot after 10:00pm?

(Yes/No)_____

If yes then please read and sign below:

I acknowledge that the submitted program contains material that may be considered offensive, controversial, and/or inappropriate for younger audiences and therefore agree to an assigned cablecast time slot after 10:00PM. I also agree to a "Viewer Discretion Advised" warning on all scheduled listings as well SCTV10 promotional material. If the preceding statement applies, please sign here:

I have read, am familiar with, and agree to abide by the policies and regulations regarding programs aired on Scituate Community Television.

1. I am familiar with the nature of the program material and take full responsibility for its content.
2. I understand that the following material is prohibited for presentation on the Public Access Channel for Scituate:
 - a. Any commercial advertising.
 - b. Any material that constitutes libel, slander, invasion of

privacy or public rights, or use of trademark or copyright which may violate local, state or federal law.

c. Any material concerning lottery information, gift enterprise, or similar scheme.

3. I understand that I am responsible and agree to hold harmless Comcast, Scituate Community Television, its staff and board of directors from any liability, loss, claim, cost or damage of any nature whatsoever which may arise from cable casting the above-mentioned program.

4. I understand that it is Scituate Community Television's policy to program any material that may be considered offensive, controversial and/or inappropriate for younger audiences after 10:00pm and have indicated above if this program contains such material.

Producers Signature: _____

Date: _____

Programming Director: _____

Sponsor Information (if not a Scituate resident):

Name: _____

Address: _____

Phone/Email: _____