



### Production Form

Producers Name: \_\_\_\_\_ Show Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Select: Member ( ) Volunteer ( ) Employee ( ) Topic: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Format: \_\_\_\_\_ Length: \_\_\_\_\_ Air Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

Brief Description (for website): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STAFF USE ONLY (Broadcast Information)	
Dubs Requested # _____	Show # _____ Record Date: _____ File Name: _____
Nexus Drive: _____	Webcast: Yes ( ) No ( ) Archive: Yes ( ) No ( ) Edit: Yes ( ) No ( )
Notes: _____	

### Crew Information

Crew Member Name : \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Select: Member ( ) Volunteer ( ) Employee ( ) Address: \_\_\_\_\_

Crew Member Name : \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Select: Member ( ) Volunteer ( ) Employee ( ) Address: \_\_\_\_\_

Crew Member Name : \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Select: Member ( ) Volunteer ( ) Employee ( ) Address: \_\_\_\_\_

Crew Member Name : \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please Select: Member ( ) Volunteer ( ) Employee ( ) Address: \_\_\_\_\_

### Talent Release

I hereby assign to Brookline Cable Community Trust, Inc. all rights to the recording and/or taping of my appearance on this date, and I hereby further authorize the reproduction, copyright, sales, exhibition, cablecast, webcast and/or distribution of said videotape by Brookline Cable Community Trust, Inc. or its agent(s) or assignee(s) without limitation.

[If talent is a minor, signature of parent or legal guardian is required here]

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

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_



**Presentation of Programming**

The undersigned known herein as the "Producer" agrees that the videotape or telecast broadcast through Brookline Cable Community Trust meets the following but is not limited to the following criteria:

- The material broadcast or telecast contains no commercial advertising material
- The material contains no unauthorized use of copyrighted material

The material is supported by accurate releases, copyrights, and/or parental releases for minors.

The Producer agrees to take full responsibility for the broadcast or telecast on Brookline Cable Community Trust and agrees to indemnify and hold harmless, Brookline Cable Community Trust and it's employees and Board of Directors, the Town of Brookline RCN and Comcast. The Producer is responsible for any claims brought on by the actions of a producer, guests, audience members or program content.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[If submitter is a minor, signature of parent or legal guardian is required here]

**Reaffirmation of Responsibilities**

I am a member in good standing of Brookline Cable Community Trust and as such, I have previously declared my knowledge and acceptance of all the conditions of membership, as well as the responsibilities, or waivers thereof, that are a part of my use of BATV equipment, facilities and cablecast time. This document is a timely reaffirmation of my membership commitments:

I have read, to the best of my ability understand, and agree to follow the Rules and Procedures of BATV, particularly that:

- The equipment and facilities will be used solely for the production of local programming for BATV, or for activities Associated with the training courses offered there.
- I am thoroughly familiar with the nature of the program material and take full responsibility for its content;
- The following material is prohibited for presentation on any access channel:
  - ANY COMMERCIAL PROGRAMMING OR ADVERTISING
  - ANY MATERIAL WHICH CONSTITUTES LIBEL OR SLANDER
  - ANY PORNOGRAPHY OR OBSCENE MATERIAL OR PUBLICITY RIGHTS, AND INVASION OF PRIVACY
  - ANY MATERIALS IN VIOLATION OF F.C.C. REGULATIONS
  - ANY MATERIAL OR ACTIVITY WHICH VIOLATES LOCAL, STATE OR FEDERAL LAWS
- I agree to obtain all necessary clearances and permissions from all organizations and individuals to videotape and cablecast material on the access channel
- In taking equipment from the facility, or using any on-site facilities, a bailment is created wherein I agree to take Responsibility for this equipment and these facilities with the same care as would a staff member of BATV, including but not limited to the avoidance of inclement weather, hazardous locations, and security risks, especially the leaving of borrowed equipment in an unattended motor vehicle, and the exercise of all reasonable cautions to avoid loss or damage. In the event of such a loss or damage, I agree to fully cooperate with the BATV insurance carrier in any claims investigation, and to make all necessary reports to law enforcement authorities and BATV, as required. I understand that gross negligence or misconduct by me resulting in damage or loss may require that I be held financially responsible for such loss.
- I agree to hold harmless, both severally and separately, the Town of Brookline, Brookline Cable Community Trust, Comcast, And RCN, their directors, employees, or successors for any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material cablecast or disseminated by me infringes or violates any rights of any person or organization.
- Should any equipment I have borrowed fail to operate, or operate incorrectly, I will cease any use, and report the problem at Once to a BATV staff person. I will not make any attempt to repair or disassemble this equipment.

Signature below attests to your reading and understanding this agreement and the Brookline Cable Community Trust Policies and Procedures, and they will bind you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

[If submitter is a minor, signature of parent or legal guardian is required here]

STAFF USE ONLY (Edit Information)	
Media Space Name: _____	User(s): _____
Completion Date: _____	Priority Level: HI - 0 -- 0 -- 0 -- 0 -- 0 - Low Location: _____
Notes: _____	
_____	
_____	
*** Please Attach Any Additional Information Including Press Releases ***	