

SATV PSA Contest

Official Entry Form

Member Name: _____ Date: _____

Contact Phone: _____ Email: _____

Category: (Check one)

SATV PSA **SALEM TOUR PSA** **SALEM NON-PROFIT PSA**

By signing this form, I grant Salem Access Television the right to use my video for use on any of their public access cable television channels, their website, their promotional material, their streaming video pages or for any other promotional use for Salem Access Television or the city of Salem, MA.

By signing this form, I also agree to the terms and conditions of the Salem Access Television PSA contest as posted. I agree further to indemnify and hold harmless SATV Corp., the City of Salem and any of their employees, officers, Board of Directors from any and all claims, demands, damages or other liabilities which may be made against or arise out of the exhibition of the program submitted by me whether or not the program has been reviewed by SATV prior to exhibition. I further agree to pay SATV, Corp. or the City of Salem all legal fees and expenses incurred by this program in connection with any legal proceedings concerning exhibition such as legal fees and expenses arise.

Signature of Member: _____ Date: _____

Signature of SATV Representative: _____ Date: _____

Parent/Guardian (if member under 18): _____ Date: _____