



Salem Access Television
 285 Derby Street - Salem, MA 01970
 978-740-9432 - www.satvonline.org

Cablecast Request Form

Resident **Import**

Name: _____

Date: _____

Phone (H): _____

(Mobile): _____

Email: _____

Organization: _____

Address: _____

Website: _____

- **Program Title:** _____
- **Program Producer:** _____ **Phone:** _____
- **Program Sponsor (if required):** _____ **Phone:** _____
- **Channel Request:** _____ **Time Request:** _____
- **Program Type (feature or series):** _____ **Frequency:** _____
- **Media Format:** _____ **Total Run Time:** _____
- **For promotional purposes, provide a brief description of the program:**

I, the undersigned, warrant and represent to Salem Access Television that the above program meets the criteria for access programming defined in the SATV Member/User Handbook, Section VI, paragraphs A, B and C.

The above material submitted by me contains none of the following:

1. Any material which is libelous or slanderous.
2. Any material that is obscene, according to community standards, or is otherwise illegal.
3. Any material that is commercial in nature.
4. Any material which is intended to defraud the viewer, or designed to obtain money by false or fraudulent pretenses.

These warranties and representations are made by me in order that this program be cablecast on SATV operated access channels. I agree further to indemnify and hold harmless SATV Corp., the City of Salem, MA 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 cablecasting of the program submitted by me whether or not the program has been reviewed by SATV prior to cablecast. I further agree to pay SATV, Corp., or the City of Salem, MA all legal fees and expensed incurred by this program in connection with any legal proceedings concerning cablecast, such as legal fees and expenses arise.

Signature: _____

Date: _____

Parent/Guardian (if required): _____

Date: _____

Staff: _____

Date: _____