



**Saint Peter Public Access**

\* 227 South Front Street \* Saint Peter, MN 56082 \* (507) 934-0667

**Cablecast Request Form**

Today's date: \_\_\_\_\_

Program/series title: \_\_\_\_\_ Program length: \_\_\_\_\_

Program producer: \_\_\_\_\_ Program format: \_\_\_\_\_

(DVD media is accepted and should include a 3-15 sec delay and not include a menu.)

**Statement of compliance & responsibilities**

I/We hereby apply to SPPA for the use of cablecast time on the following terms & conditions:

1. I/We agree to obtain all appropriate arrangements and obtain all clearances including copyright permission from any individual for material use in my/our production before that program is cablecast.
2. I/We am/are familiar with my/our program & state that it does not contains any of the following:
  - o Obscene, indecent, libelous, or slanderous material
  - o Advertising for commercial goods or services
  - o Soliciting of funds for persons, groups, organizations, products, or events
  - o Promotion by or on behalf of legally qualified candidates
  - o Lottery or lottery information
3. I/We realize that these restrictions also apply to a live program or performance.
4. If a claim is made against SPPA, it's staff, the City of Saint Peter, City Council or any volunteer or employees associated with those bodies because of the claim, I am responsible, including attorney's fees.
5. I/We realize that it is my/our responsibility to retrieve tapes/DVDs after their scheduled play dates.
6. I/We understand that SPPA is not responsible for lost and/or damaged tapes.

The party responsible for this program is an: individual \_\_\_\_\_ organization \_\_\_\_\_

Responsible Organization/Individual \_\_\_\_\_

Address of responsible party: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone \_\_\_\_\_

Representative/Individual (signature):  \_\_\_\_\_

Print Name Here):  \_\_\_\_\_