

UXBRIDGE COMMUNITY TELEVISION

Cable.access@uxbridge-ma.gov



Program Submission Form

Interim PEG Policy

BOLD means the information is required.

PRODUCER:

ORGANIZATION:

PHONE NUMBER:

E-MAIL:

ADDRESS:

PROGRAM INFORMATION

PROGRAM TITLE:

PROGRAM CATEGORY:

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Sports | <input type="checkbox"/> Infomercial |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Political | <input type="checkbox"/> Arts | <input type="checkbox"/> Other (Specify...) |
| <input type="checkbox"/> Religious | <input type="checkbox"/> PSA | <input type="checkbox"/> Children's | |

Program Run Time:
(Minutes:Seconds)

Leader Length:
(Minutes:Seconds)

Airtime Request: (Cannot be guaranteed!)

Requested Start Date:

Requested End Date:

Requested Days: (Circle all that apply)

MON TUE WED THU FRI SAT SUN

Airtime will be allocated based upon equal / fair access, length of program, and availability.

Does your program contain material that could be deemed offensive?:

Has your program previously been aired?:

In consideration for permission, use, and access to the replay of my program on the cable system from the Town of Uxbridge and Charter Communications or its successors, I hereby make the following representations, agreements, and releases: I certify that no advertising material soliciting or promoting unlawful conduct is contained in this program. I request that this program be shown on a UCAT channel. I authorize the subsequent replay of this program at the discretion of UCTV. I accept full responsibility for the content of the program and the consequences of its presentation. I acknowledge and agree that I am liable for any costs arising from the use of copyrighted or licensed materials. I hereby indemnify and hold harmless UCTV, Charter Communications, or its successors and their respective officers, directors, employees, agents, and representatives from any and all liability, damage, injury, and judgments arising from the cablecast, playback, or promotion of any programming or any other claim. I further attest that I have truthfully completed this release form. All tapes become property of UCTV upon release.

PRODUCER SIGNATURE / DATE:

Submit to: Barry Giles
21 South Main St., Uxbridge MA
508-498-9473