



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): _____