

MELROSE MASS TELEVISION, Inc. (MMTV)
360 Main Street, Melrose, Massachusetts 02176 781 665 -- MMTV

Agreement with Policies

I have read, am familiar with, and agree to abide by the policies of Melrose, Mass. Television, Inc.

1. I understand that material I videotape will be used for programming on MMTV's public or governmental access channels.
2. I understand that producers on the access channels are fully responsible for the content of their program material. Presentation of the following may be prohibited:
 - a. Any commercial advertising or programming.
 - b. Programming which does not have clearances, releases, and other assurances.
 - c. Programming, which in the judgment of MMTV, raises serious risk of legal liability (such as, but not limited to libel, slander, invasion of privacy, copyright infringement, pornography, obscenity, etc.)
 - d. Programs which fall below minimum technical standards for cablecast.
3. I agree to obtain all necessary clearances and permissions from any and all organizations, individuals and groups as may be needed to videotape and /or cablecast material on the access channels.
4. I understand that, at MMTV's discretion, a disclaimer stating that "MMTV advises viewer discretion for the following program" may be placed at the beginning of a program.
5. I understand that I am responsible for the production and presentation of my programs. I agree to hold harmless Comcast Cable, MMTV, and the city of Melrose, their directors and employees (and their successors) from any liability, loss, claim, cost or damage of any nature whatsoever which may arise by reason of any claim that any material produced, cablecast or disseminated by me infringes on or violates any rights of any person or organization.
6. I understand that I am responsible for the MMTV facilities and equipment signed out to me. This includes responsibility for the actions of guests, assistants and others.

Name (print) _____ Date _____

Signature _____

If a member is a minor: Name and Signature of adult taking responsibility:

Name (print) _____ Date _____

Signature _____