

CABLECAST / WEBCAST / RADIO BROADCAST REQUEST

Program / Event Title: _____

Description: _____

Name: _____

Screen / Radio Name: (if applicable) _____

Organization: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Single Program Series Kill Date: _____

Date Produced: _____ Length: _____ hours _____ minutes _____ seconds

Submission Method:

USB 3.0 Flash Drive External USB 3.0 or Thunderbolt SD Card

Cloud-based Download URL: _____ Other: _____

I have read and understand Dakota Media Access' (DMA's) *Cablecast / Webcast / Radio Broadcast Programming Policy* and agree to be bound contractually by all the provisions therein. I assume full responsibility for any and all disputes arising from the cablecasting / webcasting / radio broadcasting of the program and agree to hold harmless in such disputes DMA, the Cities of Bismarck and Mandan, Midcontinent Communications, their affiliates, officers, agents and employees. I understand that I may be criminally or civilly liable for performing or producing such material which is cablecast / webcast / radio broadcast and confirm the content is not in violation / conflict of the trademark, copyright, or any other right of any person or entity.

Signature: _____ Print Name: _____ Date: _____

If the person signing is under age 18, a parent or legal guardian must sign below.

I certify that I am the parent or legal guardian of the above. I give my consent to the foregoing.

Signature: _____ Print Name: _____ Date: _____