

**Dakota Media Access (DMA)**

**REQUEST FOR CABLECAST / WEB CAST**

Name/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ email: \_\_\_\_\_

Program Title: \_\_\_\_\_

Single  Series  - Episode # \_\_\_\_\_ Episode Title: \_\_\_\_\_

Date Produced: \_\_\_\_\_ Is this program produced locally? Yes  No  Where \_\_\_\_\_

Format: \_\_\_\_\_ VHS \_\_\_\_\_ DVD \_\_\_\_\_ MiniDV \_\_\_\_\_ Other: \_\_\_\_\_

Exact Running Length: \_\_\_\_\_ hours \_\_\_\_\_ minutes \_\_\_\_\_ seconds KILL DATE: \_\_\_\_\_

Personal appearance / talent release obtained, if needed? Yes  No

Copyright releases(s), if needed? Yes  No

Program Description: \_\_\_\_\_

\_\_\_\_\_

I have read and understand Dakota Media Access' Programming Policies and agree to be bound contractually by all the provisions therein. I understand the guidelines and warrant that the program I am submitting conforms to them and assume full responsibility for the content of all program material I am submitting. I assume full responsibility for any and all disputes arising from the cablecasting / web casting of the program and agree to hold harmless in such disputes Dakota Media Access, 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 / web cast.

\*Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby certify that I am the parent or legal guardian of the above and I give my consent to the foregoing on behalf of him or her.

Signature of parent / guardian: \_\_\_\_\_

Print Name of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As producer of the above program, I hereby give Dakota Media Access permission to duplicate the above program for any citizen requesting a copy for private or non-commercial use only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_