



## EQUIPMENT AND FACILITY OPERATING AGREEMENT

Name: \_\_\_\_\_

Organization: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

To use Dakota Media Access' (DMA's) equipment and / or facilities, users must be aware of DMA's policies and agree to abide by them by completing this form.

I have read DMA's *Equipment and Facility Operating Policy* and the *Cablecast / Webcast / Radio Broadcast Programming Policy* and understand DMA has the right to revoke my privilege of using the equipment/facilities if I fail to comply with them.

I understand equipment and facilities of DMA are offered to the public for the purpose of producing programming intended for presentation on DMA's cable channels, website, and/or radio channel and that a *Cablecast / Webcast / Radio Broadcast Request* form must be submitted for each program.

I understand if DMA determines I have damaged DMA equipment or facilities, failed to return equipment at the agreed upon time or exhibited inappropriate, hostile or abusive behavior towards staff, producers, or the public while at the DMA facilities or on a production location, DMA representatives will take action which might include an oral and written warning, suspension of privileges or immediate expulsion.

I understand if I damage or lose any DMA equipment, I will be responsible for the repair or replacement of that equipment.

I understand DMA has the first choice of use on equipment and may, at times, find it necessary to cancel my reservation.

I understand DMA is not responsible for any lost, recorded over or damaged recorded media.

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

If under age 18, a parent or legal guardian must sign the following:

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

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