



# Permission to Cablecast Form

This form must be complete and legible -- please print or type.

## Program

Title:

What is this program about?

Taped/Produced By:

Date Taped:

### HOLDER OF RIGHTS ONLY -- Please read, fill-in and sign

I (*print first & last name*) \_\_\_\_\_, hereby grant permission to (*person identified above as taped/produced by*) to videotape images and audio from the event or program listed above and to submit that tape for cablecast on Shakopee Public Access Cable Channel 15. I hereby indemnify and hold harmless Shakopee Public Access, the Shakopee Telecommunications Advisory Commission, the City of Shakopee, Comcast Cable, the Shakopee Public Access facility and staff, respective officers, directors, managers, agents and representatives from any and all liability, damage, injury and judgments arising from the cablecast or playback of this program.

For how long are you granting permission to have this cablecast?  
(For example, one week, two months, certain month of certain year)

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

Organization (*if applicable*): \_\_\_\_\_ Phone (day): \_\_\_\_\_

Title (*if applicable*): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date*

### HOLDER OF RIGHTS ONLY -- Copyright

Does this program contain copyright material  Yes  No

If yes, did you purchase the cablecast and taping rights?  Yes  No

If yes, please attach a copy of that agreement to this form.

If no, please explain.

### Cablecast Playback

Shakopee Public Access can only accept a program for cablecast if permission is provided for playback on our channel and then, in the case of copyright material, only if the rights to cablecast have been acquired. Therefore, if this is not an original creation and you did not purchase the cablecast and taping rights we cannot accept the program for cablecast. If such programs are submitted they will not be accepted and no copies will be made.

### Please send this form to

Email: [channel15@ci.shakopee.mn.us](mailto:channel15@ci.shakopee.mn.us) -- Fax: 952-233-3801 Attn: Public Access  
Mail: Public Access | 129 Holmes St. S | Shakopee, MN 555379