



Program Submission Form

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

SPA User

Name:

Date Submitted:

Of this program I am the *(check only one)* Local producer Local sponsor

Program

Title:

Date Recorded:

Approx. Program Length (hrs/mins):

What is this program about?

Discloser of Program Content *(check all that apply)*

Does this program contain adult content or mature themed material? Yes No
For example, adult language, graphic portrayals and/or violent scenes.

Does this program contain business or sponsorship slates? Yes No

If business or sponsorship slates are present, where in the program can they be found? Beginning End

Technical Disclaimer

Are you aware of any technical issues in this program? Yes No

Please describe the technical issues to the best of your ability:

Duplication Request

Most programs cablecast on SPA15 are available to members of the public requesting a (DVD) copy. However, SPA does not make copies of programs where copyright protection is clearly indicated on the SPA Program Submission Form.

Is this program copyright protected? No Yes, by me Yes, by another individual or organization

If another individual or organization holds the copyright SPA will not make any copies of the submitted program.

Cablecast Requirements

Have you obtained the necessary permission to cablecast your submission? Yes No *If not, please read the statement of compliance below, specifically points 5, 6 and 7.) These are policies you are agreeing to have complied with upon making the submission.*

Have you obtained and submitted a signed Permission to Cablecast Form? Yes No Not applicable *(If you believe this program does not require a permission form, please check here.)*

Have you properly labeled your submission materials? Yes No *If not, please label your submission materials with program name, your name and phone number).*

Please complete other side

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.

The City Telecommunications Coordinator will determine program replay, timeslot, and frequency. SPA15 schedules are published on the Shakopee Public Access website (www.shakopeepublicaccess.com) and in the Shakopee Valley Newspaper. Published schedules are subject to change. Watch the Shakopee Public Access Cable Channel 15 bulletin board for the most up-to-date information regarding playback schedules.

DVD Return

How will your materials be picked up or returned? I will pick up personally Please Mail: self-addressed, postage paid envelope provided Please recycle

Statement of Compliance

1. I certify that I will always be thoroughly familiar with the contents of the programs I submit for playback on Shakopee Public Access, Cable Channel 15.
2. I certify that no advertising material or other commercial programming, lottery or lottery information, obscene material, material soliciting or promoting unlawful conduct, and slanderous or libelous material will be contained in my programs.
3. I certify that I will disclose on the program submission form if my programs contain any adult content or mature themed material. For example, adult language, graphic portrayals, and/or violent scenes.
4. I certify that I will disclose on the program submission form if my programs contain business and/or sponsorship slates. I will further disclose where on the program these slates can be found, beginning or end, for review.
5. I certify that prior to submission I will obtain any and all clearances for the cablecast and web-streaming of my program from cablecast stations, networks, sponsors, music and film licensing organizations, performers; representatives, authors, composers, and all other license or copyright holders for any content contained in my program, as required.
6. I certify that prior to submission I will obtain all necessary permissions from persons/organizations appearing in the program.
7. I request that programs I submit be shown on the City of Shakopee Public Access Channel. I authorize the subsequent replay of these programs at the discretion of the City Telecommunications Coordinator.
8. I accept full responsibility for the content of these programs and the consequences of their presentation. I acknowledge and agree that I am liable for any and all costs arising from the use of copyrighted or licensed materials.
9. I have read the Shakopee Public Access (SPA) policy handbook. I understand and agree to the rules and procedures surrounding the treatment of programming that violates the rules.
10. I hereby indemnify and hold harmless SPA, the City of Shakopee, Comcast Cable, and their respective officers, directors, employees, agents and representatives from any and all liability, damage, injury and judgments arising from the cablecast, playback, or production of any programming or other claim as set forth in the Shakopee Public Access (SPA) Policy Handbook.
11. I further attest that I have truthfully completed this User / Organization Registration Form.

Applicant's signature

Applicant's printed name

Date

STAFF USE ONLY

Cablecast Show ID number / Notes: