



Shakopee Public Access Cable Channel 15 (SPA15)

## User / Organization Registration

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

### Applicant

How did you hear about SPA?			
Name:		Date:	
Address:	City:	State:	Zip:
Organization (if applicable):		Phone (day):	
Title (if applicable):		Phone (evening):	
Email:			
I am a (check only one)		I am a (check only one)	
<input type="checkbox"/> Shakopee resident		<input type="checkbox"/> New user	
<input type="checkbox"/> Shakopee organization		<input type="checkbox"/> Renewing user	

### Organizations - Please fill-in

Organizations may have up to 10 members as part of their membership  
(underage members must list age, and if applicable, date permission ceases) -- please print.

Member name(s)	This person may (check only one)
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	

Members listed will be required to become registered as an individual with the Shakopee Public Access facility in order to check out SPA equipment.

*Please complete other side*

**Statement of Compliance - Please read and sign**

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*

**Parental Consent**

**Individuals under age 18 are required to have a parent, legal guardian or organization representative sign on their behalf.**

**If multiple individuals are listed above under "organizations" please leave the "date permission ceases" line empty below.**

\_\_\_\_\_  
*Parent, legal guardian, or organization representative printed name*

\_\_\_\_\_  
*Date permission ceases*

\_\_\_\_\_  
*Parent, legal guardian, or organization representative signature*

**This following section is for SPA or Community Center staff use ONLY**

**Valid ID Information:**

*Staff will request to see a valid state/government issued photo ID and a copy this ID will be made and attached to this form for internal records only.*