NORTHWEST COMMUNITY TELEVISION RELEASE FORM

STAFF USE ONLY

Routing number	Received by	Date	Notes/special instructions

PRODUCERS — FILL OUT ALL THE INFORMATION BELOW

Program title

Topic, guest, and content information

This program was produced with equipment from ☐ NWCT ☐ Other _____

Date recorded	Date submitted to NWCT
Timely dates mentioned	Regular timeslot holders—list playback date(s)
Program length HOURS : MINUTES : SECONDS : :	Program locate HOURS : MINUTES : SECONDS : :

ADULT CONTENT Check all that apply—

☐ Language/profanity ☐ Nudity ☐ Sexual content ☐ Depicts violence

☐ Other _____

Is this program suitable for viewing by children? ☐ Yes ☐ No

TECHNICAL DIFFICULTIES? Describe—

In consideration for permission, use and access to the replay of my program on the cable system from Northwest Community Television (NWCT) and Comcast or its successors, I hereby make the following representations, agreements and releases: I certify that no advertising material or other commercial programming; lottery or lottery information; obscene material, sexually explicit conduct, or material soliciting or promoting unlawful conduct (as those terms are defined or interpreted under applicable FCC regulations); or indecent, slanderous or libelous material, is contained in this program. I request that this program be shown on a NWCT channel. I authorize the subsequent replay of this program at the discretion of NWCT. I certify that I have obtained any and all clearances for the cablecast of this program from broadcast stations, networks, sponsors, music licensing organizations, performers; representatives, authors, composers and others, as required. I accept full responsibility for the content of the program and the consequences of its presentation. I acknowledge and agree that I am liable for any costs arising from the use of copyrighted or licensed materials. I am familiar with the NWCT Public Access Rules, I have read the Rules, I understand the requirements contained within the Rules, I will comply with them. I understand and agree to the rules and procedures surrounding the treatment of programming that violates the Public Access Rules, and hereby authorize NWCT to remove any of my programming that violates the Public Access Rules. I hereby indemnify and hold harmless NWCT, NWSCCC, Comcast or its successors and their respective officers, directors, employees, agents and representatives from any and all liability, damage, injury, and judgements arising from the cablecast, playback or production of any programming or any other claim as set forth in the Public Access Rules. I further attest that I have truthfully filled out this Release Form.

Producer's signature _____

Name (print)	Email address
Address (include city, state, and zip code)	
Home phone	Cell phone

WHITE COPY: PLAYBACK **YELLOW COPY: NWCT**