



Program Title _____ Date _____

Producer/ Sponsor's Name _____

Organization (if applicable) _____

Address _____

State _____ City _____ ZIP _____

Phone _____

Email _____

Category: Entertainment Government Educational Religious Other

Total Running Time (Hour: Minutes: Seconds) _____

Provide Synopsis _____

Who is your target audience? _____

Proposed start date: _____ End date: _____

Proposed Time Slot Mornings Afternoons Evenings

CMC will do our best to accommodate your desired air times, but we cannot make any guarantees.

Programs must be submitted at least 2 weeks prior to scheduled air date.

For more information about membership or the CMC, please call 410-386-4415
or visit www.carrollmediacenter.org

Community Media Center, 1301 Washington Road, Westminster, MD 21157

I, as Producer/Sponsor, am thoroughly familiar with the contents of the program material and agree that it will not contain any of the following:

- Obscene or indecent material
- Any lottery, advertisement or information concerning any lottery
- Commercial messages designed to solicit money or other things of value
- Paid political endorsements
- Scrolling crawl or ticker across the screen (static lower 3rds, credit rolls excluded)
- Material that violates local, state, or federal statutes

The CMC reserves the right to air any program containing sensitive material after the hour of 11:00 PM.

I have obtained all approvals, clearances, licenses, releases, from broadcast stations, networks, sponsors, music licensing organizations, performers' representatives, copyright holders, and with limitation from the foregoing, any and all other approvals as may be necessary to transmit program material through the Community Media Center (CMC). I understand the CMC reserves the right to request copies of the aforementioned permissions, and that failure to provide these permissions will result in the cancellation of my program.

I agree to indemnify and hold harmless the CMC & Comcast against any claims arising out of any use of the program material that I submit for cablecast. I understand that this program is produced for a non-commercial cable-cast through the Community Media Center (CMC). I shall not use the channels, equipment, or facility for any financial gain or other commercial purposes.

I agree to pay the cost of replacement or repair of any CMC equipment resulting from damage, negligence, misuse, or theft while equipment is in my possession or control. I agree that I shall not represent myself as an employee, representative, or agent of the CMC.

I understand that the CMC receives requests to copy programs after broadcast, and I give my permission to make copies of my program material, on request. I give my permission to the CMC to post my program material, at its discretion, to its web sites, and social media platforms, unless specifically declined below.

- Do **NOT** copy program Do **NOT** post program in its entirety, or in part, to any CMC originated web site.
 Do **NOT** post program in its entirety, or in part, to any CMC originated social media platform.

I understand that the CMC is required to hold a copy of my program for 90 days, but does not archive outside or community produced productions. Any program(s) not picked up immediately after the first 90 days may be discarded. The CMC reserves the right to archive programs it determines to be of general interest, which may be used for repeated cable and web distribution. _____ Initials

By signing this Cablecast Request, I agree to abide by the Guidelines and Procedures of the **Community Media Center (CMC)** and the terms hereby stated in this document.

If Program is produced for a Non-Profit Organization please have them approve with signature, or if Producer is a minor, please have a Parent or Guardian sign.

Producer/Sponsor or Guardian Signature _____ Date _____
Non-Profit (if applicable) Signature _____ Date _____

OFFICE USE ONLY

Staff _____ Date _____