



Cable Cast Request Form

Date: _____

Program Title: _____

Producer of Program: _____

Program Type:

Feature Monthly Weekly Quarterly Other

Does this program contain material that is inappropriate for children? _____
If yes WCAC-TV will schedule program in “Safe Harbor” zone.

I _____ am requesting that my program entitled
_____ be cable cast on channel _____

in Wellesley. I understand that WCAC-TV staff will allocate cable cast times at their discretion based on availability and any program blocking or other scheduling strategies they have in place. I also understand that my program may be pre-empted at the discretion of WCAC-TV staff should this become necessary.

If this is a series program, I understand that my cable cast time slots will be reviewed by WCAC-TV staff every three months and may be changed at the discretion of WCAC-TV staff based on availability, any program blocking or other programming strategies. WCAC-TV staff will notify me prior to the schedule change.

I agree to supply WCAC-TV with new episodes in any series programming based on the rules and procedures. If I do not provide new episodes by the required time I am aware that I may lose my series cable cast slot.

I have obtained all of the necessary talent release forms, copyright clearances, and any other written permissions required for cablecast of this program.

As producer of record for the program named above I agree to accept full responsibility for the content of this program. I also agree to indemnify WCAC-TV, all of it's officers, directors, and staff, and The Town of Wellesley from any and all liabilities that may arise from the cable cast of the program listed above in Wellesley.

Signature of WCAC-TV Member

Date