



Wellesley Cable Access Corporation Producer Agreement/Indemnification Form

Name: _____ Date: _____

I agree to be Producer of Record for the videotape program entitled _____, and I accept full responsibility for the content. I understand this video production will be submitted for cablecast on Wellesley Cable Access Corporation's (WCAC) access channels. I hereby agree to indemnify and hold harmless the Town of Wellesley, Comcast, Verizon, WCAC, their officers, directors, employees and agents from liability and expenses, including legal fees, incurred as a result of cablecasting this program. I am a member in good standing of WCAC and I have received a copy of the WCAC Rules and Procedures. I warrant and represent that the program cablecast by WCAC does not contain:

1. Any solicitation of funds, or advertising, or material designed to promote the sale of commercial products or services;
2. Any material that is obscene, indecent or an invasion of privacy;
2. Any material concerning lottery information, gift enterprise or similar scheme;
4. Any material requiring union residual or other payment including but not limited to talent and crew unless those payments have been executed or waived;
5. Any material that is slanderous, libelous or made unlawful by a government body;
6. Any material that is copyrighted or subject to ownership or royalty rights without necessary releases, licenses or other permission.

I agree to provide the WCAC staff, prior to the cablecast of the program, with copies of any talent releases and licenses or other permissions as set forth in paragraph #6 above obtained by me with respect to the program. I understand that I assume full responsibility for any disputes arising from any unauthorized use of copyrighted materials. Further, I agree to release WCAC, its employees, and agents from responsibility if this tape is damaged, lost or stolen while in WCAC custody.

Producer Signature

Date

Print Name

Phone

Address

Parent Signature (If Producer is minor)

Date

Name