



Local TV, Inc.
Post Office Box 799
Wainscott, NY 11975
(631) 537-2777
www.ltvch.org

Producers' Form #3

Program Rights Release and Cablecast Request Form

I, the undersigned Producer, hereby authorize Local TV, Inc. (LTV) to cablecast my program on LTV Channel 20.

I declare that all media is free from any and all commercial requests or footage, solicitations, or advertising, and strictly follows LTV's Policies and Procedures in regard to content.

I am solely responsible for the media's content and agree to forever *release* and *hold harmless* LTV from any and all damages, claims, and demands that might arise from the broadcast of this program.

I certify that I have made all appropriate arrangements to obtain any copyright that I do not myself hold, and have obtained any and all clearances as may be necessary to transmit this material over the PEG access channel and certify that I have received and maintained the proper releases from any and all persons or property featured in this program.

I acknowledge that LTV, in its discretion, reserves the right to withhold from broadcast any media of poor technical quality (audio, video, tracking), physical flaws, or in an unsuitable format.

I agree that LTV will hold forever a copy of an LTV-studio-produced show in its archives and holds forever the right to broadcast my program on LTV.

I allow LTV to make duplications of this program (please circle) **yes** **no**

I would like this program to be available via Video on Demand on LTV's website **yes** **no**

I acknowledge that I will receive no compensation of any kind for programs broadcast on LTV or duplication made thereof.

Program Title: _____ Length: _____

Repetition: **Special** **Serial Daily** **Serial Weekly** **Serial Monthly** **Other**

LTV schedules programs at their discretion. Specific times may be requested, and when possible, LTV will attempt to meet requests. LTV gives priority to locally produced, serial programs.

Signature of Producer or Resident Sponsor

Date

(If Producer is under the age of 18:)

Signature of Parent or Guardian

Date

Signature of LTV Staff Member

Date