

**APPENDIX B**

**PRODUCER LIABILITY & INDEMNIFICATION AGREEMENT**

Producer agrees with all terms stated on this form and has read and understood the requirements of the HCTV Policies and Procedures Manual. Producers under 18 years of age must include the signature of a parent or legal guardian.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State & Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of parent or legal guardian, if under 18 years of age)

Identification: Drivers License:  Other:  \_\_\_\_\_

HCTV requests that the following disclaimer be added to the beginning and end of a program:

*“The ideas and opinions expressed in the following/preceding production do not necessarily reflect those of HCTV, the Town of Hudson, the Hudson School District, the Hudson Board of Selectmen, or the Hudson Cable Utility Committee.”*

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**For HCTV Use Only**

The above program has been received, contains the required disclaimers, and meets appropriate HCTV technical requirements.

HCTV representative: \_\_\_\_\_

Date: \_\_\_\_\_

The Producer Liability Agreement and Indemnification form and Cablecast Request Form have been completed, signed by the producer, and received by HCTV.

HCTV Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C**

**HCTV CABLECAST REQUEST FORM**

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Program Length:** \_\_\_\_\_

**Requested Play Dates/Times:** \_\_\_\_\_

**Contact Information**

**Producer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Person submitting program:** \_\_\_\_\_  
(if other than producer)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Has this program been previously cablecast on HCTV?      No      Yes  
If yes, when? \_\_\_\_\_

Does this program contain subject material that may offend some viewers and/or  
may not be appropriate for children?      No      Yes  
If yes, see section on Program Content (page 5) of the HCTV Policy and  
Procedures Manual. The producer must include the required disclaimer.

Will the producer permit the use of this programming on the HCTV Internet Web  
Site @ www. hudsonctv.com?      Yes:       No:

**HCTV requires all individuals to submit a Cablecast Request Form and signed Producer  
Liability & Indemnification Form prior to airing any program or announcement.**

**APPENDIX D**

**HCTV COMMUNITY BULLETIN REQUEST FORM  
FOR CHANNEL 20**

Contact Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested Play Dates/Time: \_\_\_\_\_

Bulletin Board Message

Please type or print message clearly. Attach a separate sheet of paper to this form, if necessary.

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(HCTV reserves the right to edit this message and/or reformat to fit.)

APPENDIX E

## HCTV EQUIPMENT RELEASE FORM

This form must be completed by a representative of HCTV, and signed by the borrower before any equipment can be released.

Name: \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Borrower: \_\_\_\_\_

### EQUIPMENT

Brand Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

### ACCESSORIES

Cables: \_\_\_\_\_

Microphone: \_\_\_\_\_

Make/Model Number: \_\_\_\_\_

Tripod: \_\_\_\_\_

Date Borrowed: \_\_\_\_\_

Date to Be Returned: \_\_\_\_\_  
(The loan period for all HCTV equipment is four (4) days.)

I certify that all of the equipment listed above has been returned to HCTV it is in good working order and satisfactory condition and programming from the use of the equipment has been properly submitted to HCTV.

HCTV representative: \_\_\_\_\_

Date: \_\_\_\_\_

**All equipment must be returned to HCTV Access Center, 98 Old Derry Road, Hudson, NH within four (4) days.**

APPENDIX F

## HCTV REQUEST FOR PROGRAM COPY

Please complete this form to order a copy of an HCTV program. *Only* programs produced by HCTV can be copied for distribution.

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### PROGRAM REQUESTED

Title: \_\_\_\_\_

Cablecast Date: \_\_\_\_\_

Date Copy Received: \_\_\_\_\_

MEDIA (Check one)	NUMBER OF COPIES
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VHS _____	_____
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DVD _____	_____
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Date Requested: \_\_\_\_\_

Amount Due with Order Form: \$15.00 per copy  
(Checks only—payable to the Town of Hudson)  
Account # 4744

HCTV representative: \_\_\_\_\_

Date: \_\_\_\_\_

**All Copies Must Be Picked Up In Community Development Room Office,  
Town Hall, 12 School Street, Hudson, NH 03051**