

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: _____ E-Mail: _____

Signature: _____

PROGRAM REQUESTED

Title: _____

Cablecast Date: _____

Date Copy Received: _____

MEDIA (DVD)

Number of Copies: _____

Date Requested: _____

Amount due with order form: \$15.00 per copy

Checks payable to Town of Hudson (Account 4744)

HCTV Representative: _____

Date: _____

All copies must be picked up in the Town Administrator/Board of Selectmen's Office, Town Hall, 12 School Street, Hudson, NH 03051.

HCTV COMMUNITY BULLETIN REQUEST FORM FOR CHANNEL 20

CONTACT INFORMATION

Name (please print): _____

Organization: _____

Address: _____

Telephone: _____ E-Mail: _____

Requested Play Dates/Time: _____

BULLETIN REQUIREMENTS

Please submit a finished copy of the bulletin to be run in .jpeg format and landscape mode. The bulletin should be limited in words due to the fact that it only runs for 10 seconds at a time between other bulletins or 10 seconds as it scrolls across the bottom of the television screen.

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

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.

All equipment must be returned to HCTV Access Center, 19 Kimball Hill Road, Hudson, NH, 603-579-3959.

Maximum loan period of ALL HCTV equipment is FOUR (4) days. _____ (initial)

Name (please print): _____

Address: _____

Telephone: _____ E-Mail: _____

Signature of Borrower: _____

EQUIPMENT

Camera Accessories: _____

Cables: _____

Headset Make & Model: _____

Tripod Make, Model, Serial Number & accessories: _____

Microphone Make & Model: _____

Lighting: _____

Assorted Accessories: _____

Date Borrowed: _____

Date to be Returned: _____

For HCTV Use Only

_____ I certify that all of the above equipment has been returned in good working order and satisfactory condition.

I certify that equipment is _____ missing or _____ has been returned damaged.

Damaged or missing equipment: _____

HCTV Representative: _____

Date: _____

HCTV CABLECAST RELEASE FORM

Title: _____

Date: _____

Description: _____

Program Length: _____

Requested Play Dates/Times: _____

CONTACT INFORMATION

Producer: _____ Phone Number: _____

Address: _____

E-Mail: _____

Person submitting program: _____
(if other than producer)

Phone Number: _____ E-Mail: _____

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? No Yes

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

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: _____

Date: _____

Signature: _____

(Signature of parent or legal guardian in 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."

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: _____