

Public Access Community Television
Chester, NH
84 Chester Street
Chester, NH 03036
603-887-2288
Email pegtalk@chesterpublicaccess.org

STATEMENT OF COMPLIANCE

Producer: _____

Program: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Email: _____

1. I am familiar with the nature of this program, and accept full responsibility for its content.
2. I understand that the following material is prohibited:
 - a. advertising of commercial products and/or services
 - b. obscene and/or indecent material
 - c. material which constitutes libel, slander, or invasion of privacy
 - d. use of publicity rights, trademark or copyright which violates local, state, or federal law
 - e. political advertising
3. I have obtained all of the clearances and releases (permissions) from any and all organizations, individuals and groups that are needed to legally record and cablecast this program on Public Access Community Television (hereto know as PACT) in Chester, NH, which includes Channels 20, and 21.
4. In recognition of the fact that neither PACT staff nor any employee of the Town of Chester, NH, the Chester School District, or Comcast Communications are censoring the content of this program, I agree to indemnify and hold harmless PACT, the Town of Chester, NH, the Chester School District, and Comcast Communications from any and all liability or other injury (including reasonable costs of the defending claims or litigations) arising from or in connection with claims for failure to comply with any applicable laws, rules, regulations, or other requirements of local, state or federal authorities, for claims of libel, slander, invasion of privacy, or infringement of common or statutory copyright; for unauthorized use of trademark, trade name, or service mark; for breach of equity which claims result from the producer's use of PACT facilities.
3. I am aware that the PACT, equipment, or facilities cannot be used for financial gain or other commercial purposes.
4. I understand that programming produced with PACT equipment or facilities must be cablecast or used educationally in the classroom.

5. The following information is agreed to at the discretion of the producer. (Please initial response):

1. PACT may cablecast this program as often as the staff deems appropriate.
Yes _____ No _____

2. Clips of raw footage may be kept for file footage.
Yes _____ No _____

3. This program may be share with other public access television stations.
Yes _____ No _____

4. Please note any specific instructions or restrictions:

I have read and agree to abide by the aforementioned policies of PACT.

Signature: _____ Date: _____

If producer/sponsor is a minor, parent or guardian must also sign:

Parent/guardian (print name): _____

Parent/guardian signature: _____

PACT Representative: _____