

Intake Review By _____

Shaded Area for Playback Use Only



PLAYBACK REQUEST

Project ID # _____

Date Submitted ____ / ____ / ____

Tape #
LRP
Program #
Schedule (CH30 Labels Here) _____ CHs

Name of Submitter _____

Member Organization Represented (if any) _____

Street Address _____

Telephone _____ Email _____

Program Type (circle one) Single Series Sequence	Media Type _____	"IN" Point (this program starts at) _____ Hr _____ Min _____ Sec
	How many programs on media? _____	Total Run Time _____ Hr _____ Min _____ Sec

↑ Series or Program Title.... TOP LINE on Program Guide (2 lines available for program info)
↑ Episode or Program Sub Title.... BOTTOM LINE on Program Guide

CMC reserves the right to edit Titles

Program Description: _____

Failure to complete this form in its entirety may delay the playback of your program.

1	Where was this program produced? city _____ county _____ state _____ country _____	
2	Is this a request for replay of a previously submitted program?	Yes _____ No _____
3	May we replay your program at a later date? (CMC initiated replays do not count against the Replay Waiting Period)	Yes _____ No _____
4	May we make this program available on the CMC website?	Yes _____ No _____
5	Does this program have Underwriting or Commercial Sponsorship? (attach "Third Party Agreement" form)	Yes _____ No _____
6	Is this program Time Urgent? Time Urgent programming focuses on upcoming Public Events or topics of short-term public interest. A Time Urgent program will be played in available, submitter-selected timeslots (unless Adult in nature) in the pending schedule 10 days after the current Cut-Off. Previously played programs do not qualify as Time Urgent. For extremely short-lived material, you may attach an "Immediate Programming Petition."	Yes _____ No _____
7	Does this program contain subject matter unsuitable for children? (plays late-night)	Yes _____ No _____
8	Does this program contain language unsuitable for children? (plays late-night)	Yes _____ No _____
9	Does this program contain nudity or sexual content? (plays late-night)	Yes _____ No _____
10	"I have viewed this program in its entirety prior to submission." (not required for LIVE programs)	Initial _____
11	"I understand that I am responsible for the content I am submitting." (see reverse)	Initial _____
12	Is there any other information that Playback needs to know? (explain): _____	

↓ OVER ↓

NOTE: To submit programs you must have completed orientation and hold a current membership in the Community Media Center.

Programs can be rejected or delayed if paperwork is incomplete or inaccurate, eligibility is not established, or if there are technical problems with the submitted media.

By completing and signing this request, you assume full responsibility for the program content pursuant to all applicable laws and statutes. Minor applicants must have signature of parent or legal guardian.

The Community Media Center reserves the right to retain the submitted copy of your program for archival and/or promotional purposes. **DO NOT SUBMIT YOUR MASTER!**

THE SUBMITTER AGREES, COVENANTS AND CONTRACTS THAT:

- | | |
|----|--|
| A. | The information submitted on this form is accurate. |
| B. | No obscene, libelous, defamatory or otherwise illegal material is being submitted. |
| C. | Submitted programming is free of Commercial content;
Commercial is defined as "Material primarily designed to promote the sale of products or services; to promote the goodwill of a for-profit entity." |
| D. | No financial lottery, game of chance or wagering information is being submitted. |
| E. | All appropriate arrangements and clearances have been obtained from all copyright holders, creators, music licensing organizations, sponsors, representatives and without limitation from above, any and all other persons as being necessary for authorization to transmit this program on cable television or other distribution method. (The Media Center may request proof of such clearances.) |
| F. | He/she indemnifies, saves and holds harmless the Community Media Center, the City of Santa Rosa, the County of Sonoma, the State of California, all video service franchise holders, and all their agents and employees from any liability and any and all damages or claims arising out to the submitter's use of the community access channels or any other distribution method. Such liability may include, but not be limited to, copyright infringement, presentation of libelous, defamatory or obscene matter or violation of any local, state, county or federal laws and regulations. |
| G. | This application is an open record. |

Signature _____

Print Name _____ **Date** _____

Parental/Organization Rep. Sig. (if required) _____

Print Name _____ **Date** _____

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