

REQUEST FOR CABLECAST/STATEMENT OF COMPLIANCE

Name _____ Date _____

Organization _____ Phone _____

Address _____

City, State _____ Zip _____

Program _____ Length _____

Description _____

Is this Program part of a regular series? (six shows or more) YES NO Start date Playback

Statement of Compliance

RFC-TV does reserve the right to preview prior to cablecasting any program to determine whether or not the theme and content of the program are consistent with the description of the program given by the producer and/or distributor/sponsor to determine whether the program violates any RFC-TV rules and/or policies. If RFC-TV finds that any rules and/or policies would be violated by cablecasting the said program, it may request that the producer remove the portion or portions of the program that would constitute the violation. RFC-TV also reserves the right to refuse any program as a whole based on the following criteria:

No program content may advertise material designed to promote sale of commercial products or services including advertising by and on behalf of candidates for public office.

No program content may contain lottery or any advertisement of information concerning a lottery.

No program will be aired that contains obscene or indecent material, or material that panders to prurient tastes, as determined by local, state and federal laws and community decency standards.

All access users of RFC-TV facilities and services need be aware they will be held accountable for their actions by the same laws that govern any public activity or facility.

In addition to the above policies I also recognize and adhere to the following:

I, the user of the access facility, equipment and/or channel time, am responsible for the content of the above program(s). Prescreening of programs by RFC-TV does not excuse me of this responsibility.

I agree to hold RFC-TV, River Falls Cable Communication Advisory Committee, the City of River Falls including but not limited to its staff, City Council committee and commission members and Comcast harmless, from any and all liability or injury incurred from my use of the public access/community channel.

I agree to hold RFC-TV, River Falls Cable Communication Advisory Committee, the City of River Falls and Comcast harmless of any damages incurred out of copyright infringement or libel with regard to the program(s) described above.

I have read and understand the above programming and operating guidelines. I certify that the program submitted has no obscenity, nor any commercial material. I assume full and complete responsibility of any disputes arising from my unauthorized use of any copyrighted material. I understand that RFC-TV is not responsible for damage to tapes while they are cablecast. I understand I am fully responsible for the content of my program and any or all repercussions it may incur. I understand RFC-TV may air the program whenever its staff sees fit to air it on the playback schedule.

Producer/Sponsor _____ Date _____

Please return this form to **RFC-TV** 222 LEWIS STREET, RIVER FALLS, WI 54022 or by fax (715) 426-3405.