

Torrance Community Television
REQUEST FOR CHANNEL TIME - FORM



Date/Time Stamp

User Name: _____	Organization: _____		
Address: _____	City: _____	State: _____	Zip: _____
Email: _____	Home Phone: () _____ - _____		

As a TCtv User, I assume full responsibility for the content of all program material cablecast and I will ensure that such program material will not violate any right of any third party. I understand that any program that I submit not produced in this facility (a "bicycled" program) will have my full name and Torrance address, as it is listed above, on the beginning and the end of the program, indicating that I have requested for this show to be aired. I understand that if anyone from the public inquires regarding the content of the program, they will be instructed to contact me directly.

I understand that as a User, I may be asked to provide proof of Torrance residency. I also understand that the User, not Torrance Community Television, is responsible for the content of this program and that any clearances or licenses required to cablecast the program stated above will be obtained by the individual making the request. I will certify that this program does not contain:

1. Obscene (California Penal Code, Sec. 311) or indecent material (FCC vs. Pacifica Foundation, 438 U.S. 726);
2. Any lottery, or any advertisement or information concerning any lottery;
3. Any commercial advertising or promotional material concerning products or services presented for the purpose of any solicitation of money or other things of value, unless specifically exempted under the terms of this agreement;
4. Any material which constitutes libel, slander, invasion of privacy, or publicity rights, unfair competition, violation of trademark or copyright or which violates any local, state, or federal law.

I am requesting that the following program be cablecast on the Torrance Community Television (TCtv) for the following two week period at the time requested:

This show is a (Circle One):		TcTv Production	Bicycled Production
Show Title: _____		Program Length: _____	
Requested Playback Date: ____/____/____		Requested Playback Time: ____:____ AM - PM	
PROGRAM INFORMATION			
Single Program Or Series (Circle One)	If A Series, Shows' Episode Number: _____	Audio Tracks Used: Ch1 Ch 2 Both	
Show Contains Dated Material, Do Not Air After: ____/____/____		Has Program Aired Previously On TCtv? ____/____/____	
Program Description (May Be Used In Promotional Materials):			

I have obtained, or will obtain before cablecasting, all approvals, clearances, licenses, etc., for the use of any program which I request for cablecast, including but not limited to approvals by broadcast stations, networks, sponsors, music licensing organizations, copyright owners, performers representatives and any other approvals that may be necessary to transmit program material over the cable system. I understand that I may be required to submit proof of said documents.

I agree to defend, indemnify and hold harmless the Foundation and the City of Torrance and its employees and agents, and Franchised Operators, and its employees and agents against any claims arising out of any use of the program material that is being cablecast or any breach of this Channel Time Request form, including but not limited to any claims in the nature of libel, slander, invasion of privacy or publicity rights, non-compliance with applicable laws and unauthorized use of copyrighted material. I understand that I may be criminally or civilly liable for performing or producing such material which is cablecast. I agree that I shall not represent myself or any other person involved in TCtv cablecasting or production as an employee, representative or agent of the Foundation, the City of Torrance, or Franchised Operators.

I hereby grant my permission to TCtv to play without restriction any and all recordings that I submit for cablecasting. I may revoke this authorization only by giving written notice thereof to the Foundation or City of Torrance - Office of Cable and Community Relations.

Signature: _____	Date: ____/____/____
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