

Torrance Community Television
STATEMENT OF COMPLIANCE - FORM



Date/Time Stamp

- A. **I have received, read, and am thoroughly familiar with** the contents of the Torrance Community Television (TCTV) Operating Policies and Procedures. I understand that the Foundation reserves the right to suspend or revoke the privilege of any User to utilize TCTV if that User is in violation of any of these rules.
- B. **I will thoroughly familiarize myself** with the content of any program material to be taped and/or cablecast and agree that it will 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 violate any local, state, or federal law.
- C. **I assume full responsibility for** the content of all program material cablecast and will ensure that such program material will not violate any right of any third party.
- D. **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.
- E. **I agree to defend, indemnify and hold harmless** the Foundation, the City of Torrance and its employees and agents, and State 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 Statement of Compliance, 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.
- F. **I agree to assume all liability** for my activities at the Torrance Community Television Center facilities, including but not limited to, use of equipment, injury to self and/or other persons.
- G. **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 or State Franchised Operators.
- H. **I agree to pay the costs** of any repair or replacement of equipment or materials resulting from damage, misuse, or theft while such equipment or materials are in my possession or control. I understand the penalties that apply if I do not return equipment or materials on time, or if I allow someone not authorized by TCTV to use the equipment or materials.
- I. **I agree that I shall not use TCTV for any personal gain or other commercial purpose.** I understand that programming produced with TCTV equipment or facilities must appear on TCTV.
- J. **I hereby grant my permission** to TCTV to play without restriction any and all videotapes that I submit for cablecasting. I may revoke this authorization only by giving written notice thereof to the Foundation via the Office of Cable and Community Relations.
- K. **I understand that false** or misleading statements made in this statement are grounds for forfeiture of the right to use the TCTV.

I am ___ am not ___ a resident of the City of Torrance.

Name: _____		Email: _____	
Address _____		City _____	Zip Code _____
Home Telephone _____		Work Telephone _____	
California Drivers License Number _____		Social Security Number _____	
Signature of User: _____		Date _____	

NON-PROFIT INSTITUTION / ORGANIZATION			
Name of Institution or Organization _____			
Address _____		City _____	Zip Code _____
Home Telephone _____		Work Telephone _____	
California Drivers License Number _____		Social Security Number _____	
Official Agent (Executive Director, President, Dept. Head) _____		Title _____	