

Lockport Community Television, Inc. 293 Niagara Street, Lockport NY 14094 716-434-1733 Fax: 716-434-2837

## LCTV Government Channel Pre-Recorded Program Proposal

Please type or print information about yourself and the program you wish to have cablecast on the Government Channel, LCTV 1303, Niagara and/or Erie Counties, in the spaces provided below and submit the completed proposal to: Lockport Community Television, Inc., 293 Niagara Street, Lockport, NY 14094

Producer Information	
Name:	Date:
Organization: (if any)	
Address:	City:
Zip Code:	Home Phone:
Business Phone:	Fax:
E-Mail Address:	Driver's License #
Co-producer Name: (if any)	
Address:	
Program Information	
Program Title:	
Approximate length of program: (check one)	28:30 (half hour) 58:30 (hour)
Program category: (check one or more)	Other (please list)
City/Town/Village Board Meeting Entertainment Youth Professional Advice Minority Issue Employment Educational News Senior Citizens Religious Family	Home Videos Bi-lingual
Other: (Please List)	

## (Continued) Describe program format: \_\_\_ Talk Show (studio): \_\_\_ Taped \_\_\_ Live \_\_\_ Both \_\_ ENG (Field Production) \_\_ Documentary \_\_ Other: Please List \_\_\_\_ Describe the program content:

Why are you producing this program? (work/organization related):

(On-going Series) We	eekly Bi-weekl	y Monthly					
Other:							
Describe the audience you would like to reach:							
Children Ages to	Adults A	ges to					

If not a specific age group please explain:

Is this an ongoing series? If yes, how often

Please list any sponsors, patrons or underwriters acknowledged in your production. (The list must be submitted for approval by Lockport Community Television, Inc., prior to the cablecast.)

(Continued)

Describe any special permits you will be required to get from public or private sources in order to tape and/or cablecast this production? (copyrights, etc.)

Opening and closing of program <i>must</i> include the	following:				
<ul> <li>:30 seconds of Black before start of show or official LCTV slate with show title</li> <li>Fades in from BLACK to Start Show</li> <li>Ends with (Credits, followed by BLACK, stable control track – NO abrupt endings that go to "snow please let black run as long as possible after show ends)</li> <li>Other (Please Explain):</li> </ul>					
Acceptable playback formats: (Please check the for formats we accept at the current time)	rmat that you will deliver to us. Listed below are the only				
<ul> <li>do not finalize with auto start or loop fu</li> <li>must have one start menu button that p</li> </ul>	episode per DVD-R – No paper labels that peal off unction – play surface must clean, no fingerprints, etc. lays entire show, not broken up with additional menus ace must clean, no fingerprints, scratches, etc. bload to Servers (if approved)				
Signature, Community Producer	Date				
Erie Co., Niagara Co., Niagara Falls, or Lockport  Name:  Address:					
Home Phone: Work Phone:  Driver's License #					
Signature, Community Resident Co-Producer	Date				
Office Use Only	Notes:				
Approved Disapproved					
Authorized Signature:					



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## **Producer Liability Agreement and Indemnification**

Applicant assumes all responsibility as producer and/or originator of any Applicant's programming carried on the Community Channels, Public, Education, and/or Government. Applicant agrees to indemnify the Community Channel, City and Town of Lockport, City of Niagara Falls, NY, Suburbs of Erie County, the Lockport Community Cable Commission, Lockport Community Television, Inc. (LCTV), Charter/Spectrum, and their respective employees or governing boards. The applicant agrees to indemnify and hold harmless the persons and organizations listed above from any liability, loss or damage, including reasonable attorney's fees and court costs, caused by or arising out of any material supplied by the applicant in connection with its utilization of the Community Channel's cablecasting equipment and/or channel time.

Without limiting the generality of the foregoing, applicant further agrees to indemnify and save the Community Channel, City and Town of Lockport, Lockport, City of Niagara Falls, NY, Suburbs of Erie County, the Lockport Community Cable Commission, Lockport Community Television, Inc., Charter/Spectrum, their respective employees or governing boards, or any other television (cable/broadcast/low power, etc...) system over which applicant's material is transmitted, and/or staff of the above mentioned, harmless from any and all claims, damages, costs and liability of any nature whatsoever, including reasonable attorney's fees, which may be imposed by reason, of any claim that any material transmitted and/or disseminated by applicant violates or infringes upon the rights, trade names, trademarks, copyrights, patents, literary or dramatic rights or rights of privacy of any other owner, licensor, copyright holder, or any writer, composer, or other person, corporation, partnership, or entity, or that said material constitutes libel or slander and further that it does not violate the provisions of rules and prohibitions set forth by the Lockport Community Cable Commission and the FCC (copies available).

Applicant agrees to defend all actions to which any prior indemnity applies and to conduct the defense thereof at its expense and by its own counsel. The Community Channel shall have the right to participate in such defense at applicant's expense and by its own counsel and applicant agrees that it will cause its counsel to cooperate with the Community Channel in such manners.

Applicant, individually and, if applicable, on behalf of all members of the organization of which applicant is a member, hereby releases the Community Channel, its successors and assigns, from any legal action, claims and demands whatsoever which the applicant or its organization ever had, has and may have, against the Community Channel, its successors and assigns, including, without limiting the generality of the foregoing, any mistakes, omissions or interruptions in the cablecast.

Applicant is required to sign this producer agreement and indemnification form prior to any cablecast of his/her show, a single program or series. A series producer may sign one agreement to cover all programs. Although a series producer applicant is not required to sign before each program is cablecast, he/she is still bound by this agreement for the content of each show in the series.

Minor applicants (under age 18) require a parent or guardian to co-sign.

Show Name:							
Single Show: Series Sho	ow:						
For the value received, I agree to comply with the aforementioned agreements and provisions:							
Producer's Signature	Date	Resident Sponsor Signature	Date				
Address	Phone #	Address	Phone #				
Parent/Guardian Signature	Date	Witness Signature	Date				
Address	Phone #	Address	Phone #				