

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):

List the date, times and places of events to be taped (if applicable) as part of the program:

Date: _____ Time _____ Place: _____
Date: _____ Time _____ Place: _____

How long do you anticipate it will take you to complete your production? (list number of days, weeks or check series category)

Days Weeks On-going Series: Weekly Bi-weekly Monthly
Other: _____

Describe the audience you would like to reach:

Children Ages _____ to _____ Adults Ages _____ to _____
If not a specific age group please explain: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Are you certified through LCTV training? (please check each that applies)

- Yes, I attended LCTV Orientation No, I haven't attended LCTV Orientation
 Yes, I am LCTV trained No, I am not LCTV trained

If Yes, please check the areas you are trained and LCTV Certified.

- Studio Production Portable Cameras Editing Directing
 ComPix Graphic Titling

Other: (list if trained elsewhere and in what areas) _____

Who are your crew members? (please list as applies to your production)

Note: Community producer must be at production site at time of production while LCTV equipment/studio is in use. Crew members must be certified by LCTV to use access equipment.

Crew Position	Name	Certified
Producer	_____	_____
Director	_____	_____
Audio Engineer	_____	_____
Graphics Engineer	_____	_____
Camera Operator 1	_____	_____
Camera Operator 2	_____	_____
Camera Operator 3	_____	_____
Floor Director	_____	_____
Field Camera Operator	_____	_____
Editor	_____	_____

Signature, Community Producer **Date**

Signature, Community Co-Producer **Date**

<p>Office Use Only</p> <p>____ Approved ____ Disapproved</p> <p>_____ Authorized Signature</p>	<p>Notes:</p>
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Lockport Community Television, Inc.
 293 Niagara Street, Lockport NY 14094
 716-434-1733 Fax: 716-434-2837

Producer Liability Agreement and Indemnification

Applicant assumes all responsibility as producer and/or originator of any Applicant’s programming carried on the Community Channel. 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 videotape, 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 Show: _____

For the value received, I agree to comply with the aforementioned agreements and provisions:

_____ Producer’s Signature	_____ Date
_____ Address	_____ Phone #

_____ Resident Sponsor Signature	_____ Date
_____ Address	_____ Phone #

_____ Parent/Guardian Signature	_____ Date
_____ Address	_____ Phone #

_____ Witness Signature	_____ Date
_____ Address	_____ Phone #